


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000050273 (0)**

1. Corporation Name  
**CITRUS AUTO GLASS, INC.**

Principal Place of Business <b>6745 W. NORVELL BRYANT HWY CRYSTAL RIVER FL 34429 US</b>	Mailing Address <b>6745 W. NORVELL BRYANT HWY CRYSTAL RIVER FL 34429 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/07/1993</b>	
4. FEI Number <b>59-3190105</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
21. Principal Place of Business <b>Citrus Auto Glass 6961 W. Gulf To Lake Hwy. Crystal River, FL 34429</b>	2a. Mailing Address <b>Citrus Auto Glass 6961 W. Gulf To Lake Hwy. Crystal River, FL 34429</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City	28. City
24. Zip	29. Zip
25. Country <b>CITRUS</b>	30. Country <b>CITRUS</b>

9. Name and Address of Current Registered Agent <b>KNOWLTON, CEDRIC 6745 W. NORVELL BRYANT HIGHWAY - 6961 W GULF TO LAKE HWY CRYSTAL RIVER FL 34429</b>		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. City	
85. Zip Code		86. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and then if applicable

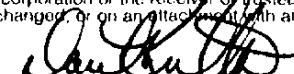
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	KNOWLTON, CEDRIC	1.2 NAME	DAVID KNOWLTON
STREET ADDRESS	38405 FAIRVIEW HEIGHTS ROAD	1.3 STREET ADDRESS	319 DAVIDSON AVE
CITY - ST - ZIP	ZEPHYRHILLS FL 33541	1.4 CITY - ST - ZIP	INVERNESS FL 34450
TITLE	D	2.1 TITLE	
NAME	KNOWLTON, MABEL	2.2 NAME	
STREET ADDRESS	38405 FAIRVIEW HEIGHTS ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	ZEPHYRHILLS FL 33541	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



4/30/98

352-7956466

CR2E034 (10/97)