

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 16, 1996 08:00 AM
Secretary of State

DOCUMENT # P94000026003 (1)

1. Corporation Name

ALL ACTION AUTO GLASS, INC.



Principal Place of Business

**805 W. HILLSBOROUGH AVE.
TAMPA FL 33603
US**

Mailing Address

**805 W. HILLSBOROUGH AVE.
TAMPA FL 33612**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

3. Date Incorporated or Qualified
04/05/1994

3a. Date of Last Report
02/01/1995

4. FEI Number

59-3238935

Applied For
Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**VUONO, DENISE
805 W HILLSBOROUGH AVE
TAMPA FL 33603**

10. Name and Address of New Registered Agent

81 Name **Kenneth Bryant**
82 Street Address (P.O. Box Number is Not Acceptable)
805 W. Hillsboro Ave.
83
84 City **Tampa** FL 85 Zip Code **33603**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Kenneth W Bryant
Signature, typed or printed name of registered agent, and if not applicable

President

(NOTE: Registered Agent signature required when reinstating)

2/15/96
Date

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE
NAME **VUONO, CARL**
STREET ADDRESS **805 W. HILLSBOROUGH AVE.**
CITY-ST-ZIP **TAMPA FL**
TITLE **VP** ☒ DELETE
NAME **VUONO, DENISE**
STREET ADDRESS **805 W. HILLSBOROUGH AVE.**
CITY-ST-ZIP **TAMPA FL**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Pres. & Sec.** ☒ Change ☐ Addition
1.2 NAME **Kenneth W Bryant**
1.3 STREET ADDRESS **805 W Hillsborough Ave**
1.4 CITY-ST-ZIP **TAMPA FL 33603**
2.1 TITLE **V-PRES & SEC** ☒ Change ☐ Addition
2.2 NAME **SANITA F BRYANT**
2.3 STREET ADDRESS **805 W Hillsborough Ave**
2.4 CITY-ST-ZIP **TAMPA, FL 33603**
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Kenneth W Bryant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96
Date

813-238-5391
Daytime Phone #

CR2E034 (12/95)