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Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90125 018 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000063724

1. Corporation Name

FLEET AUTO GLASS SERVICES, INC.

Principal Place of Business

1016 WILDROSE DR  
LUTZ FL 33549

Mailing Address

PO BOX 2266  
LUTZ FL 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified:

08/25/1994

2. Principal Place of Business

21 1402 PROVINCETOWN CIR

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

Lutz FL

27 City & State

28 Zip Country

24 33549 25 FL

29 30

4. FEI Number

59-3267869

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 owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

FREY, PHILIP J  
1016 WILDROSE DR  
1402 PROVINCETOWN CIRCLE  
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name FREY, Philip J.

82 Street Address (P.O. Box Number is Not Acceptable)

83 1402 PROVINCETOWN CIR

84 City Lutz FL 85 Zip Code 33549

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 Philip J. Frey, President

Philip J. Frey, Pres.

1-6-99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP

NAME FREY, PHILIP J  
STREET ADDRESS 1402 PROVINCETOWN CIRCLE  
CITY-ST-ZIP LUTZ FL 33549

TITLE DV

NAME FREY, MARK D  
STREET ADDRESS 1402 PROVINCETOWN CIRCLE  
CITY-ST-ZIP LUTZ FL 33549

TITLE DS

NAME FREY, APRIL  
STREET ADDRESS 1402 PROVINCETOWN CIRCLE  
CITY-ST-ZIP LUTZ FL 33549

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE: Philip J. Frey, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-99 813 949-5959

CR2E034 (11/98)