

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

0381216

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

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

2. Principal Place of Business

21 1402 PROVINCETOWN CIR

Suite, Apt. #, etc.

22

2a. Mailing Address

26

Suite, Apt. #, etc.

27

28

City & State

23

LUTZ FL

24

Zip 33549

25

Country 1402

26

27

28

29

30

Zip

Country

9. Name and Address of Current Registered Agent

FREY, PHILIP J  
1016 WILDRose DR  
1402 PROVINCETOWN CIRCLE  
CUTZ FL 33549

81

Name

1. FREY, Philip J.

82

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

83

1402 PROVINCETOWN CIR

84

City

LUTZ

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

(NOTE: Registered Agent signature required when reinstating)

1-6-99

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

Addition

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

1-6-99 813 949-5959

Date

Daytime Phone #

CR2E034 (11/98)