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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000093207 (6)

FILED Feb 19 1998 8:00am Secretary of State

S&L A	AUTO GLASS, INC.					( <b>8</b>
Principal Place	ce of Business	Mailing Address				IB 30100 31140 11011 00111 1001 1001
1938 EAST RD.   P.O. BOX 17112   UNIT 15   JACKSONVILLE FL 32216   US					DO NOT WRITE IN TH	HIS SPACE
US					3. Date Incorporated or Qualified	
2 Principal C	Place of Business	2a. Mailing Address			01/01/1995	
21 26		<del> </del>			4. FEI Number	Applied For
Suite, Apt	Suite, Apt. #, etc. Suite. Apt. #, etc.				59-3290610	Not Applicable \$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State	¬ '		6. Election Campaign Financing	\$5.00 May Be
23		28	<u>-</u>		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	,	8. This corporation owes or has paid the	_ ' _ '
24	25 9. Name and Address of Curre		30]		Personal Property Tax due June 30.  10. Name and Address of New Register	Yes No
e,	***************************************	NII Legisteten Wästif	81	Name	10. Name and Address of New Register	ed Agent
	Olomon, John H 938 East Rd.					
JACKSONVILLE FL 32216			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
, or	1011001111LLE 1 L 02210		B3			
			84	City		85 Zip Code
11. Pursuant office or agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the obli	.02 and 607.1508, Florida Statutes e of Florida. Such change was au gations of, Section 607.0505, Flor	s, the above ithorized by ida Statutes	named control the corporations.	rporation submits this statement for the purpos ation's board of directors. I hereby accept the	
	Signature, typed or printed name of registered a		Registered Age	nt signature requ	uired when rainstating) DAT	1 %
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	SOLOMON, JOHN H	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition §
NAME STREET ADDRESS	4000 FACT DD		1.2 NAME			]
CITY-ST-ZIP	IACKOONNALLE EL		1.3 STREET			ì
TITLE	D			1 - ZIP		☐ Change ☐ Addition
NAME	LONG, JERRY D		2.2 NAME			Oracingto Addition
STREET ADDRESS	3876 AUTUMN LEAF COUR	π	2.3 STREET	ADDRESS	•	
CITY-ST-ZIP	JACKSONVILLE FL 32246		2. 4 CITY - S			
TITLE			3.1 TITLE		*****	Change Addition
NAME	<b>I</b>		3.2 NAME			
STREET ADDRESS			3.3 STREET	address		
CITY-ST-ZIP			3.4. CITY-S	T-ZIP		
TITLE			4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADORESS		
CITY-ST-ZIP			4.4 CHY-S1	- ZIP		
TITLE	DELETE 5.1 TIT		5.1 TITLE	i		Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	address		
CITY-ST-ZIP		T priese	5.4 CITY-ST	-ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change L Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	- 1		
City-St-ZIP	partify that the information expedied	with this diline show at 11th f	6.4 CITY - ST	- ŽIP	04 440.07/07/5 5/-11-0-4	

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 exprovation 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.

CICMATURE.

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2-17-98

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