

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

DOCUMENT # P95000084682 (0)

1. Corporation Name:

AUTO SUN ROOF OF FLORIDA, INC.



Principal Place of Business

Mailing Address

**10042 CYPRESS SHADOW AVENUE
TAMPA FL 33647**

**10042 CYPRESS SHADOW AVENUE
TAMPA FL 33647**

3. Date Incorporated or Qualified

11/03/1995

3a. Date of Last Report

2. Principal Place of Business

21 4161 114TH TERRACE NORTH

Suite, Apt. #, etc.

2a. Mailing Address

26 4161 114TH TERRACE NORTH

Suite, Apt. #, etc.

22. City & State

23 CLEARWATER FLORIDA

Zip

24 34622

Country

25 USA

City & State

28 CLEARWATER FLORIDA

Zip

29 34622

Country

30 USA

4. FEI Number

59-3348411

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

DELANCETT, SUZANNE

**10042 CYPRESS SHADOW AVENUE
TAMPA FL 33647**

10. Name and Address of New Registered Agent

81 Name

ROBERT J. COWART

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

12000 4TH STREET NORTH

83

APARTMENT 71

84 City

ST. PETERSBURG

FL

85 Zip Code
33716

11. Pursuant to the provisions of Sections 607.0502 and 607.1518, 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

Robert J. Cowart

ROBERT J. COWART, PRESIDENT

1/31/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **JONES, RICHARD W III**
STREET ADDRESS **10042 CYPRESS SHADOW AVENUE**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **D** ☐ DELETE
NAME **COWART, ROBERT**
STREET ADDRESS **10042 CYPRESS SHADOW AVENUE**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **D/V/S** ☒ Change ☐ Addition
1.2 NAME **RICHARD W. JONES III**
1.3 STREET ADDRESS **753 MILL STREET**
1.4 CITY-ST-ZIP **MOORESTOWN NJ 08057**

2.1 TITLE **D/P/T** ☒ Change ☐ Addition
2.2 NAME **ROBERT J. COWART**
2.3 STREET ADDRESS **12000 4TH STREET NORTH, APT 71**
2.4 CITY-ST-ZIP **ST. PETERSBURG FL 33716**

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, unchanged, or on an attachment with an address.

SIGNATURE:

Robert J. Cowart

ROBERT J. COWART

1/31/96 813 572-4723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

CR2E034 (12/95)