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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000097076

FILED Apr 23, 1999 8:00 am Secretary of State

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542842 - 90341 - 10 BAY AREA WINDOW TINT INC. Mailing Address Principal Place of Business 2821 9TH STREET NORTH 2821 9TH STREET NORTH ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/26/1995 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address <u>59-335306</u>8 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be City & State 8. Election Campaign Financing Added to Fees Trust Fund Contribution 28 Zip Country 8. This corporation owes the current year Intangible Zio Country ☐ Yes Personal Property Tax. 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent JOSEPH BLYLM ---CLARK, AL 82 Street Address (P.O. Box Number is Not Acceptable) -12600 S. BELCHER ROAD COV BYPAST DRIVE SUITE 104 EAST? 83 SVITE 104 "LARGO FL 34643 84 City CLEDRIWITER FL 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-hamed 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 DATE ed Agent signature required when rein CR2E034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition Change DELETE 1.1 TITLE TITLE 12 NAME ROSS, JACK C NAME 5360 8 AVE. N. 1.3 STREET ADDRESS STREET ADORES ST. PETERSBURG FL 33710 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 21 TITLE TITLE 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE 32 NAME

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 inustee 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.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

44 CITY-ST-ZIP

3.4. CITY-ST-ZIP

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TITLE

NAME

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STURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.19.77

727.321.5083

☐ Change

Change

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Addition

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Addition

Daytime Phone #