

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000078767 (6)**

1. Corporation Name  
**DISCOUNT GLASS, INC.**

Principal Place of Business  
**12 SO. DELEON AVE.  
TITUSVILLE FL 32796**

Mailing Address  
**12 SO. DELEON AVE.  
TITUSVILLE FL 32796**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/20/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

**HARVEY, SHARON  
12 SO. DELEON AVE.  
TITUSVILLE FL 32796**

81 Name

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

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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

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 **OWNER** ☐ DELETE

NAME **SHARON HARVEY**

STREET ADDRESS **12 SO. DELEON AVE**

CITY-ST-ZIP **TITUSVILLE, FL 32796**

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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

**8000002281638--5**

**-08/29/97--0112--010**

**\*\*\*\*165.00 \*\*\*\*165.00**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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.

SIGNATURE

**(407) 218-2880**

CR2E034 (4/97)

DISCOUNT GLASS, INC.

12 S. DeLeon Avenue • Suite B  
Titusville, Florida 32796  
(407) 269-7577 • 268-2880



20f2

7/21/97

TO WHOM IT MAY CONCERN;

I HAVE NEVER RECIEVED A FIRST COPY OF THE CORPORATION RETURNS, WE HAVE MOVED SO IT MAY HAVE BEEN LOST IN THE MAIL OR DELIVERED TO ONE OF THE OTHER BUSINESS IN THE BUILDING. WE HAVE FOUR OTHER BUISNESS HERE AND EACH OTHER GET EVERY ONES BUT THERE OWN USUALLY. I AM SORRY FOR THE DELAY.

SINCERELY,

*Sharon Harvey*

SHARON HARVEY  
OWNER