

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

FILED

Apr 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000079476 (3)

1. Corporation Name

DISCOUNT AUTO GLASS, INC.

Principal Place of Business

5585 COMMERCIAL BLVD.  
WINTER HAVEN FL 33880

Mailing Address

5585 COMMERCIAL BLVD.  
WINTER HAVEN FL 33880-1009

3. Date Incorporated or Qualified

09/23/1996

3a. Date of Last Report

N/A

4. FEI Number

59-340-1993

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 3220 HWY 17N

Suite, Apt. #, etc.

22

City & State

23 WINTER HAVEN FLORIDA

Zip

24 33881

Country

25 U.S.A

2a. Mailing Address

26 1036 BILTMORE DR N.W

Suite, Apt. #, etc.

27

City & State

28 WINTER HAVEN FLORIDA

Zip

29 33881

Country

30 U.S.A

9. Name and Address of Current Registered Agent

TRIP, WILHELMINA H  
5585 COMMERCIAL BLVD.  
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81

Name TRIP WILHELMINA H.

82

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

1036 BILTMORE DR N.W

83

84

City WINTERHAVEN

FL

85

Zip Code 33881

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

D

☐ DELETE

NAME

TRIP, WILHELMINA H  
5585 COMMERCIAL BLVD.  
WINTER HAVEN FL 33880

TITLE

D

☐ DELETE

NAME

TRIP, JAN  
5585 COMMERCIAL BLVD.  
WINTER HAVEN FL 33880

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

D

☒ Change

☐ Addition

1.2 NAME

TRIP, WILHELMINA H.

1.3 STREET ADDRESS

1036 BILTMORE DR. N.W

1.4 CITY - ST - ZIP

WINTER HAVEN FL 33881

2.1 TITLE

D

☒ Change

☐ Addition

2.2 NAME

TRIP, JAN

2.3 STREET ADDRESS

1036 BILTMORE DR. N.W.

2.4 CITY - ST - ZIP

WINTER HAVEN FL 33881

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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-'97

Date

Daytime Phone

CR2E034 (9/96)