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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000086253 (7)

AUTO GLASS OF CENTRAL FLORIDA, INC.

Principal Place of Business Mailing Address 1831 TALLOKAS AVE 1831 TALLOKAS AVE ORLANDO FL 32805-4735 ORLANDO FL 32805 3. Date Incorporated or Qualified 3s. Date of Last Report 10/18/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KRUPPENBACHER, FRANK 105 E ROBINSON ST 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 201 83 ORLANDO FL 32801 84 City Zip Code 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition THEF 1.1 TITLE CAMBRE, THOMAS E 1.2 NAME NAME 9115 POINT CYPRESS DR STREET AUDRESS 1.3 STREET ADDRESS City-St-78 ORLANDO FL 32836 1.4 CITY-ST-ZIP ☐ DELETÉ Change Addition THUE 21 TITLE BUONAGURA, WARREN A 22 NAME 3628 SEVERN AVE 2.3 STREET ADDRESS STREET ADDRESS METAIRIE LA 70002 2 4 CITY-ST-ZIP CHY - \$1 - 705 HILE DELETE 3.1 TITLE Change Addition KINGSTON, DANIEL W 3.2 NAME NAME 10129 IDLEWOOD 3.3 STREET ADDRESS STREET ADDRESS **RIVER RIDGE LA 70123** 3.4. CITY-ST-ZIP CHY - \$1 - 7# DELETE Channe Addition T111.F 4.1 TITLE NAME 4, 2 NAME 4.3 STREET ADDRESS STHELY ADDRESS 4.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition 51 TITLE THE 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CHY 51-209 DELETE Change Addition 61 TITLE THE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

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 rejector of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appropriate 12 or Block 13 of chapter 607 and accurate the propriate statutes.

nent with an address

SIGNATURE:

Lam an officer or director of the corporation or appears in Block 12 or Block 13 if changed, or

CITY-ST ZIP

O NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TO

Daytime Fhone # 0086839 (96/6)

FILED

Apr 22 1997 8:00am

Secretary of State