

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

FILED  
Sep 03 1998 8:00am  
Secretary of State

DOCUMENT # **P97000045537 (2)**

1. Corporation Name

**GUTHRIE GLASS, TAMPA BAY, INC.**



Principal Place of Business

**9483 ULMERTON ROAD  
LARGO FL 34641**

Mailing Address

**9483 ULMERTON ROAD  
LARGO FL 34641**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/19/1997**

4. FEI Number

**59-3451194**

Applied For

Not Applicable

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** **7829 S. Hwy. 17-92**

**27** Suite, Apt. #, etc.

**28** City & State

**29** **FL**

**30** **32730**

**31** **FL**

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**GUTHRIE, WILLIAM R  
9483 ULMERTON ROAD  
LARGO FL 34641**

10. Name and Address of New Registered Agent

81 Name

**WILLIAM R. Guthrie**

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

**7829 S. Hwy. 17-92**

83

84 City

**FL**

85 Zip Code

**32730**

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 **GUTHRIE, WILLIAM R**

STREET ADDRESS **1558 EAGLE NEST CIRCLE**

CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **D** ☐ DELETE

NAME **GUTHRIE, RAELENE W**

STREET ADDRESS **1558 EAGLE NEST CIRCLE**

CITY-ST-ZIP **WINTER SPRINGS FL 32708**

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 **DOUGLAS B. Guthrie**

1.3 STREET ADDRESS **7829 S. Hwy 17-92**

1.4 CITY-ST-ZIP **FL 32730**

2.1 TITLE **VICE PRES.** ☐ Change ☒ Addition

2.2 NAME **RUSSELL LANNING**

2.3 STREET ADDRESS **9483 ULMERTON Rd.**

2.4 CITY-ST-ZIP **Largo, FL. 34641**

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 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: **WILLIAM R. GUTHRIE** 8/28/98 407-331-8070

CR2E034 (5/98)