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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000048192 (3)

ADVANCED AUTO GLASS, INC.

Principal Place of Business

Mailing Address

FILED Jan 23 1998 8:00am Secretary of State



| 9506 HOOD RD JACKSONVILLE FL 32257 | | | | 9506 HOOD RD JACKSONVILLE FL 32257 | | | | | | | | | |
|---|---|---|---------------------|--|--|--|---------------------------------------|---------------------------------------|--|---------------------|---------------|-----------------------|--|
| | | | | | | | | _ | 3. Date Incorporated or Qualifi | RITE IN THIS led | SPACE | | |
| 9 Principal D | lace of Busines | | 20 | . Mailing Address | | | | | 05/29/1997 4. FEI Number | | | pplied For | |
| 2. Principal Place of Business | | | | 28 9506 Hood Ad. | | | | | 59-3451300 | | | · | |
| 21 9506 Hood Rd. Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | 3 1-3437300 | | | ot Applicable | |
| 22 Suite 1 | | | | 27 Suite 1 | | | | | 5. Certificate of Status Desired | | | Additional equired | |
| City & State | City & State | | | City & State 28 JA1 FC | | | | | Election Campaign Financing Trust Fund Contribution Added to Fees | | | | |
| Zip 24 322 5 | 7 25 | DUVAL | 29 | Zip Country 30 Duu | | | | | 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 | | | | | | 10. Name and Address of New Registered Agent | | | | | | | |
| LITTLE, TIM 81 No | | | | | | | | | | | | | |
| 9506 HOOD RD | | | | | | | | | | | ···· | | |
| | CKSONVILLE | | 82 Street Add | | | Address | s (P.O. Box Number is Not Acce | ptable) | | | | | |
| " | CHOCHAIDEL | | | 83 | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | 84 | City | | | FL | 85 Zip | Code | |
| 11. Pursuant 1 | to the provision | s of Sections 607.050 | 2 and 6 | 07 1508, Florida Statu | nes, th | e abov | e-named | corpora | ation submits this statement for t | he purpose c | r changing it | ts registered | |
| agent. La | egisterea agen m f as iliar with, | t, or poth, in the state and accept the obliga | or Fion ations o | oa. Such change was of, Section 607.05 <mark>05,</mark> F | lorida | nzeo o Statule | y ine corp s. | poration | 's board of directors. I hereby a | | | registerea | |
| SIGNATURE | りた基 | w waterell | - | | | | | | | 1/2 | 1/98 | | |
| SIGNATURE | Signalure, typed or | inted name of registered age | nt and title | e if applicable (NC | TE Regi | stered Ag | ent signature | required v | when reinstating) | ATÉ | / | | |
| 12. | - 4 | OFFICERS AN | D DIRE | | | 13. | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | ADDITIONS/CHANGES TO O | FFICERS AN | D DIRECTOR | RS IN 12 | |
| TITLE | | | | ☐ DELETE | 11 | 1.1 TITLE | | | side~T | | Change | ☐ Addition | |
| NAME | | | | | _ I 1 | 1.2 NAME | | Tin | NOTHY W, LITTIR | | | | |
| STREET ADDRESS | | | | | ١, | 1.3 STREE | ADDRESS | 105 | 23 ASHBY Rd. | | | | |
| CITY-ST-ZIP | | | | | | | ST-ZIP | JAX | FL. 32218 | | | | |
| TITLE | | | | DELETE | 2 | 2.1 TITLE | | Vic | a - President | | ☐ Change | Addition | |
| NAME | | | | 2.2 NA | | | | | Hael R York | | | 1 | |
| STREET ADDRESS | | | | 2.3 ST | | | ADDRESS | 256 | 4 SUMMERTREE | | | İ | |
| CITY-ST-ZIP | | | | | 2 | 2. 4 CITY- | ST - 2(P | | x FL 32246 | | | i | |
| TITLE | | | DELETE 3. | | | | 7.11 | ALISI FFEIS | | Change | ☐ Addition | | |
| NAME | | | | | 3 | 3.2 NAME | | | | | | | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | } | |
| CITY-ST-ZIP | | | | | 1 | 3.4. CITY- | | | | | | | |
| TITLE | | | | DELETE | | 1.1 TITLE | 51 211 | | | | Change | Addition | |
| NAME | | | | _ | 1 | I. 2 NAME | | | | | | | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | | |
| i | | | | | | | | | | | | | |
| CITY-ST-ZIP TITLE | | | | DELETE | | 1.4 CITY - 1 5.1 TITLE | or-ZIP | | | ···· | ☐ Change | Addition | |
| | | | | - December | | | - | - | | | CH ANNUAL | | |
| NAME | | | | | | 5.2 NAME | 4000000 | | | | | | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | DELETE | _ | 5.4 CITY - S | I - ZIP | | | | Change | Aphabbian | |
| TITLE | | | | Utter t | | S.1 TITLE | | | | | Change | Addition | |
| NAME | | | | | | 5.2 NAME | | | | | | | |
| STREET ADDRESS | | | | | 6 | 3.3 STREE | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | 6 | 6.4 CITY - S | 1-219 | l | | | | | |

14. Thereby 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.