

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. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000060159 (5)

1. Corporation Name

ACCURATE GLASS CO OF SOUTH FLORIDA, INC.

Principal Place of Business

4129 BANDY BLVD.
FT. PIERCE FL 34985

Mailing Address

4129 BANDY BLVD.
FT. PIERCE FL 34985

FILED
Aug 31 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1997

4. FEI Number

65-0750372

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 3415 Okeschober Rd

Suite, Apt. #, etc.

22

23 Fort Pierce FL

24 34947 25 USA

2a. Mailing Address

26 3415 Okeschober Rd

Suite, Apt. #, etc.

27

28 Ft Pierce FL

29 34947 30 USA

9. Name and Address of Current Registered Agent

BROOKS, DONALD G
1010 S.W. ESTAUGH AVE.
PORT ST. LUCIE FL 34953

10. Name and Address of New Registered Agent

81 Name

Donald Brooks

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

3415 Okeschober Rd

83

84 City

Ft Pierce

FL

85 Zip Code

34947

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 BROOKS, DONALD G
STREET ADDRESS 4129 BANDY BLVD.
CITY-ST-ZIP FT. PIERCE FL 34985

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 President ☒ Change ☐ Addition

1.2 NAME Donald G Brooks

1.3 STREET ADDRESS 1902 S 34th St

1.4 CITY-ST-ZIP Ft Pierce FL 34947

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Terry A Ascenzi

2.3 STREET ADDRESS 452 SW Curtis St

2.4 CITY-ST-ZIP Port St Lucie FL 34983

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 *[Signature]*

7/10/98 561-460-6531

CR2E034 (5/98)