

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90079 005 ***150.00

DOCUMENT # P97000086390

1. Corporation Name

GULF COAST GLASS SHIELD, INC.

Principal Place of Business

17701 HERON LANE
FORT MYERS FL 33908

Mailing Address

17701 HERON LANE
FORT MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1997

4. FEI Number

65-0785432

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 7660 TWINEAGLE LN.

2a. Mailing Address

26 7660 TWIN EAGLE LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 FORT MYERS, FLORIDA

City & State

28 FORT MYERS, FLORIDA

Zip

24 33912

Country

25 LEE

Zip

29 33912

Country

30 LEE

9. Name and Address of Current Registered Agent

MORAWSKI, STANLEY
17701 HERON LANE
FORT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name

MORAWSKI, STANLEY

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

7660 TWIN EAGLE LANE

83

84 City

FORT MYERS

FL

85 Zip Code
33912

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

Stanley Morawski

STANLEY MORAWSKI V D

DATE

4/14/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME MORAWSKI, JEAN A

STREET ADDRESS 17701 HERON LANE

CITY-ST-ZIP FORT MYERS FL 33908

TITLE VD ☐ DELETE

NAME MORAWSKI, STANLEY A

STREET ADDRESS 17701 HERON LANE

CITY-ST-ZIP FORT MYERS FL 33908

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

7660 TWIN EAGLE LANE

FORT MYERS FL 33912

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

7660 TWIN EAGLE LANE

FORT MYERS FL 33912

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Stanley Morawski STANLEY MORAWSKI

4/14/99

(941) 561-3606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)