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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9800000167

Principal Place of Business

MIDWAY GLASS CORPORATION

CLEARWATER FL 33756		CLEARWATER FL 33756			!	DO NOT WRIT	re in THIS S	PACE		
						L_		E IN THIS S	FACE	
							Date Incorporated or Qualifed 01/01/1998			
Principal Place of Business 2a. Mailing Address							FEI Number		LLA	pplied For
21		26			_	Ì	59-3486748		N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-			5.	Certifcate of Status Desired			Additional Required
22 27						-	Election Campaign Financing		\$5.00	May Be
	-	28	٦ ,			٠.	Trust Fund Contribution		•	to Fees
Zíp	Country	Zip	Zip Country			This corporation owes the current year Intangible				
<u> </u>	25	29	30	,		٠.	Personal Property Tax.		Yes	□No
24	9. Name and Address of Curren		130				Name and Address of New R	egistered A	gent	
	5. Name and Address of Garten	it regionales regard		81	Name					
LOVE	ELACE, WILLIAM K ESQ									
2310 WEST BAY DRIVE				82	Street Addres	ss (P	O. Box Number is Not Accepta	ble)		
LARGO FL 33770				83						
								·		
				84	City			FL	85 Zip	Code
				L. L			The state of the s		Landing it	n ragistarad
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statut of Florida, Such change was a	es, the at outhorized	oove- bv th	named corpor ne corporation	ration 's be	and of directors. I hereby accep	t the appoint	ment as r	egistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	rida Stati	ites.						Ī
SIGNATURE										{
	Signature, typed or printed name of registered ager			Agent s	signature required v		_ 	DATE	DIDEOT	2000 11 42
12.		D DIRECTORS	13.			_	ADDITIONS/CHANGES TO OF		Change	
TITLE	D	☐ DELETE	1.1 TF		PR	E5.	IDENT	•	. J Change	Z
NAME	CALHOUN, DANIEL M JR		1.2 NA	1.2 NAME						Ì
STREET ADDRESS			1.3 \$1	1.3 STREET ADDRESS			-			Ì
CITY-ST-ZIP	CLEARWATER FL 33756		1,4 CI	1,4 CITY-ST-ZIP						
TITLE	D	☐ DELETE	2.1 T	īLΕ	NI:	CE.	-PRESIDENT	:	Change	e (⊅KAddition
NAME	Calhoun, Ferrell e Jr		2.2 N	ME			•			
STREET ADDRESS	1417 S. MISSOURI AVENUE		2.3 \$1	REETA	NDORESS					
CITY-ST-ZIP	CLEARWATER FL 33756		2.40	TY-ST-	- ZIP	,	·	<u>.</u>		
TITLE		☐ DELETE	3,1 TF	LE		;			☐ Change	Addition
NAME			3.2 N	ME	1					ŀ
STREET ADDRESS			3.3 \$1	REETA	ADDRESS					ļ
CITY-ST-ZIP				TY-ST-						
TITLE		☐ DELETE	4.1 TI						Change	Addition
NAME			4.2 N							ļ
STREET ADDRESS					ADORESS				•	
CITY-ST-ZIP				TY-ST-						J
TITLE		☐ DELETE	5.1 TI						☐ Change	Addition
ALANE			5.2 N		1					

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Change

☐ Addition

FILED

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90190 018 ***150.00

CR2E034 (11/98)