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

DOCUMENT # P98000042471

1. Corporation Name

AUTO GLASS OF MID-FLORIDA, INC.

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90035 047 ***150.00



Principal Place	e of Business	Mailing Address			11 41 11 18 (1 18 11 4 1 18 (1 1	4801 1141 1881
333 SUNNY RD		333 SUNNY RD.		· · ·		
LAKELAND FL 33801 LAKELAND FL 33801						
				DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualifed 05/08/1998		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	App	olied For
21 5929	SC 542 W	26 5929 SR S	42 _w	59-3512223	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22		27		5. Certificate of Status Dosilos	Fee Re	quired
City & Stat	11 11	City & State 28 WINTER HOV	en, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 to Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year I	ntangible	
24 33880 25 USA 2933880 30			USA	Personal Property Tax.		No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d'Agent	
6140	UL CANDOA I		81 Name			
BUSH, SANDRA L			82 Street Add	iress (P.O. Box Number is Not Acceptable)		
333 SUNNY RD.						
LAKI	ELAND FL 33801		83			
ì .			84 City		. 85 Zip C	ode
,			,	F	L	
11. Pursuant office or ragent. La	to the provisions of Sections 607.050 registered agent, or both, in the State of applications with, and accept the obligation	02 and 607.1508, Florida Statutes, of Florida. Such change was auth atoms of, Section 607.0505, Florid	, the above-named corporated by the corporate a Statutes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its or of the second seco	registered gistered
SIGNATURE	(XMUCHAN !	Mar real	stercal Ac	200 $\frac{1-5-9}{2}$	٩	
SIGNATURE	Signature typed or printed name of regularied age	ent and tie if applicable. (NOTE) Re	STESCO Ac egistered Agent signature requir	the when reinstating) DATE	<u>9</u>	
SIGNATURE	Stemature typed or printed name of ropis ered ege	Mar real	egistered Agent signature requir	200 $\frac{1-5-9}{2}$	<u>9</u>	
SIGNATURE	Hemothery typed or printed name of rightsperiod east OFFICERS AF	ortand tie if applicable. (NOTE) Re	egistered Agent signature required 13.	the when reinstating) DATE	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	Hamming typed or printed name of rightsperiod age OFFICERS AF PD BUSH, MICHAEL L	ortand tie if applicable. (NOTE) Re	egistered Agent signature requirements. 13. 1.1 TITLE 12 NAME	the when reinstating) DATE	AND DIRECTO	RS IN 12
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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, with all other like empowered.

SIGNATURE: