

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000094269 (5)**

1. Corporation Name

NAPA OF JASPER, INC.



Principal Place of Business

**115 CENTRAL STREET
JASPER FL 32052**

Mailing Address

**P.O. BOX 1149
JASPER FL 32052
US**

3. Date Incorporated or Qualified
12/30/1994

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number
59-3295470

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**PARALEGAL & ATTORNEY SERVICE BUREAU, INC.
1406 HAYS STREET
SUITE 2
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 the corporation

(NOTE: Registered Agent Signature required when submitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GODWIN, WILLARD G	
STREET ADDRESS	P.O. BOX 1149 N/A	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GODWIN, WILLARD	
STREET ADDRESS	P.O. BOX 1149 N/A	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GODWIN, FAYE A	
STREET ADDRESS	P.O. BOX 1149 N/A	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GODWIN, WILLIAM G	
STREET ADDRESS	P.O. BOX 1149 N/A	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRITZ, SHEILA D	
STREET ADDRESS	P.O. BOX 1149 N/A	
CITY-ST-ZIP	JASPER FL 32052	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3096 904-792-1045

CR2E034 (12/95)