

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

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morham**  
 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 32052-1149  
 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/30/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3295470</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>PARALEGAL &amp; ATTORNEY SERVICE BUREAU, INC.</b> <b>1406 HAYS STREET</b> <b>SUITE 2</b> <b>TALLAHASSEE FL 32301</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				<b>FL</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature: typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GODWIN, WILLARD G</b>	1.2 NAME	
STREET ADDRESS	<b>P.O. BOX 1149 N/A</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JASPER FL 32052</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GODWIN, WILLARD</b>	2.2 NAME	
STREET ADDRESS	<b>P.O. BOX 1149 N/A</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JASPER FL 32052</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GODWIN, FAYE A</b>	3.2 NAME	
STREET ADDRESS	<b>P.O. BOX 1149 N/A</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JASPER FL 32052</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GODWIN, WILLIAM G</b>	4.2 NAME	
STREET ADDRESS	<b>P.O. BOX 1149 N/A</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JASPER FL 32052</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRITZ, SHEILA D</b>	5.2 NAME	
STREET ADDRESS	<b>P.O. BOX 1149 N/A</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JASPER FL 32052</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Willard G. Godwin* **443057 79281045**

CR2E034 (9/96)