

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
JULY 20 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V24408** (9)
1. Corporation Name
ALLAN HIGGINS INC

Principal Place of Business: **9265 LAKE HICKORY NUT DR. WINTER GARDEN FL 34787**
Mailing Address: **9265 LAKE HICKORY NUT DR. WINTER GARDEN FL 34787**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/27/1992**
3a. Date of Last Report: **03/18/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3112542	Not Applicable
State Apt # etc	State Apt # etc	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	
City	City	8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HIGGINS, ALLAN 9265 LAKE HICKORY NUT DR. WINTER GARDEN FL 34787		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 Sections 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
01 NAME	D HIGGINS, ALLAN	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
02 STREET ADDRESS	9265 LK HICKORY NUT DR	12 NAME	
03 CITY ST ZIP	WINTER GARDEN FL	13 STREET ADDRESS	
04		14 CITY ST ZIP	
05		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
06		22 NAME	
07		23 STREET ADDRESS	
08		24 CITY ST ZIP	
09		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10		32 NAME	
11		33 STREET ADDRESS	
12		34 CITY ST ZIP	
13		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14		42 NAME	
15		43 STREET ADDRESS	
16		44 CITY ST ZIP	
17		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18		52 NAME	
19		53 STREET ADDRESS	
20		54 CITY ST ZIP	
21		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22		62 NAME	
23		63 STREET ADDRESS	
24		64 CITY ST ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.03(4), 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. 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 of changes or on an attachment with an address.

SIGNATURE: **ALLAN O. HIGGINS** *Allan O Higgins* 5-4-95 (4107) 856-7446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR