

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

**FILED**

**Mar 25 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # V28081 (0)**  
1. Corporation Name  
**WILLARD'S AUTO SERVICE, INC.**



Principal Place of Business  
**380 N 1ST AVE  
JACKSONVILLE BEACH FL 32250**

Mailing Address  
**380 N 1ST AVE  
JACKSONVILLE BEACH FL 32250-5503**

2. Principal Place of Business

21 State, Apt. #, etc.  
22 City & State  
23 Zip

24 Country

2a. Mailing Address

26 State, Apt. #, etc.  
27 City & State  
28 Zip

29 Country

3. Date Incorporated or Qualified  
**04/09/1992**

3a. Date of Last Report  
**02/27/1996**

4. FEI Number  
**59-3123938**

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

**SIMPSON, KURT ANDREW  
3500 S THIRD ST  
OCEAN SOUTH  
JACKSONVILLE BEACH FL 32250**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PTD	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICHAUD, WILLARD J. JR</b>	1.2 NAME	<b>MICHAUD, WILLARD J. III</b>
STREET ADDRESS	<b>1230 FOREST OAKS DR</b>	1.3 STREET ADDRESS	<b>1519 KEENARD LANE</b>
CITY-STATE-ZIP	<b>NEPTUNE BEACH FL SD</b>	1.4 CITY-STATE-ZIP	<b>NEPTUNE BEACH FL 32266</b>
PTD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICHAUD, RUTH ELAINE</b>	2.2 NAME	<b>MICHAUD, CHERYL</b>
STREET ADDRESS	<b>1230 FOREST OAKS DR</b>	2.3 STREET ADDRESS	<b>1519 KEENARD LANE</b>
CITY-STATE-ZIP	<b>NEPTUNE BEACH FL VP</b>	2.4 CITY-STATE-ZIP	<b>NEPTUNE BEACH FL 32266</b>
PTD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICHAUD, WILLARD J III</b>	3.2 NAME	<b>MICHAUD, WILLARD J. JR.</b>
STREET ADDRESS	<b>1230 FOREST OAKS DR</b>	3.3 STREET ADDRESS	<b>1230 FOREST OAKS DR</b>
CITY-STATE-ZIP	<b>NEPTUNE BCH FL</b>	3.4 CITY-STATE-ZIP	<b>NEPTUNE BEACH FL 32266</b>
PTD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
PTD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
PTD	<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-STATE-ZIP		6.4 CITY-STATE-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 furnished 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 J. Michaud III WILLARD J. MICHAUD III 3-20-97 (904)249-9081**

CR2E034 (9/96)