


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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90049 043 ***150.00

0041967

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V28081

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	22	26	27	04/09/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
23		28		59-3123938	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	WILLARD J MICHAUD JR III	
STREET ADDRESS	1519 LEEWARD LANE	
CITY-ST-ZIP	NEPTUNE BEACH FL	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	MICHAUD, CHERYL	
STREET ADDRESS	1519 LEEWARD LANE	
CITY-ST-ZIP	NEPTUNE BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MICHAUD, WILLARD JR JR	
STREET ADDRESS	1230 FORST OAKS DR.	
CITY-ST-ZIP	NEPTUNE BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Willard J. Michaud III	
1.3 STREET ADDRESS	1519 LEEWARD LN	
1.4 CITY-ST-ZIP	NEPT BCH FL 32206	
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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Willard J. Michaud Jr.	
3.3 STREET ADDRESS	1230 Forest Oaks Dr.	
3.4 CITY-ST-ZIP	NEPT BCH FL 32206	
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 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: Willard J. Michaud III _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (11/98)