

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 # **520940** (8)

1. Corporation Name
HAINES CITY MOTOR COMPANY



Principal Place of Business
**1550 US HIGHWAY 27 S
P.O. BOX 1417
HAINES CITY FL 33845-1417**

Mailing Address
**1550 US HIGHWAY 27 S
P.O. BOX 1417
HAINES CITY FL 33845-1417**

3. Date Incorporated or Qualified **01/03/1977** 3a. Date of Last Report **03/22/1995**

4. FEI Number **59-1709304** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**HIGGINS, WARREN J.
8319 WEST LAKE MARION ROAD
HAINES CITY FL 33844**

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HIGGINS, WARREN J.	
STREET ADDRESS	8319 WEST LAKE MARION ROAD	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	HIGGINS, JAMES K. I	
STREET ADDRESS	8 EAST LAKE DRIVE	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HIGGINS, WAYNE R.	
STREET ADDRESS	3549 KOKOMO ROAD	
CITY-ST-ZIP	HAINES CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<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	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HIGGINS, WAYNE R.
3.3 STREET ADDRESS	3549 KOKOMO ROAD
3.4 CITY-ST-ZIP	HAINES CITY, FL
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JAMES K. HIGGINS, JR.
4.3 STREET ADDRESS	8321 WEST LAKE MARION ROAD
4.4 CITY-ST-ZIP	HAINES CITY, FL
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	OWEN R. HIGGINS
5.3 STREET ADDRESS	130 BREAM STREET
5.4 CITY-ST-ZIP	HAINES CITY, FL
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 *Wayne R. Higgins* Wayne R. Higgins 3/13/96 (941) 422-1167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)