

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 557060

(1)

1. Corporation Name

PIGGY POPPINS, INCORPORATED

Principal Place of Business

Mailing Address

PIGGY POPPINS PAY LESS AUTO SALES  
21757 N.W. 60TH AVE.  
MCINTOSH FL 32664  
US

8341 W HIGHWAY 318  
REDDICK FL 32686

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1977

3a. Date of Last Report

02/20/1996

4. FEI Number

59-1789295

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SMITH, GEORGE E.  
8341 W. HIGHWAY 318  
REDDICK FL 32686

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

P  
SMITH, GEORGE E.  
8341 W. HIGHWAY 318  
REDDICK FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

S  
SMITH, ALMA C.  
8341 W. HIGHWAY 318  
REDDICK FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

V  
SMITH, ADRIEN D.  
8351 W. HIGHWAY 318  
REDDICK FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

Y  
SMITH, KIMBERLY Y  
8351 W HWY 318  
REDDICK FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

300002264873-015  
-08/12/97--01040--014  
\*\*\*\*165.00 \*\*\*\*165.00

8/78/11

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 *George E. Smith, President* DATE *8/12/97*

APPROVED  
AND  
FILED

1997 AUG 11 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CP2E034 (4/97)