

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 # **K09180** (6)
1. Corporation Name
WIGGINS & VILLACORTA, P.A.



Principal Place of Business: **501 E TENNESSEE ST. SUITE B POST OFFICE DRAWER 1657 TALLAHASSEE FL 32302**
Mailing Address: **501 E TENNESSEE ST. SUITE B POST OFFICE DRAWER 1657 TALLAHASSEE FL 32302**

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3. Date Incorporated or Qualified: **12/28/1987** 3a. Date of Last Report: **02/10/1995**

4. FEI Number: **59-2875819** Applied For: Not Applicable

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 intangibles tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **WIGGINS, PATRICK K 501 E TENNESSEE ST STE B TALLAHASSEE 32308**

10. Name and Address of New Registered Agent:

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0507 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WIGGINS, PATRICK K.		12 NAME:	
STREET ADDRESS: 501 E TENNESSEE ST STE B		13 STREET ADDRESS:	
CITY-STATE-ZIP: TALLAHASSEE FL		14 CITY-STATE-ZIP:	
TITLE: D	<input type="checkbox"/> DELETE	21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: VILLACORTA, KATHLEEN		22 NAME:	
STREET ADDRESS: 501 E TENNESSEE ST STE B		23 STREET ADDRESS:	
CITY-STATE-ZIP: TALLAHASSEE FL		24 CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		32 NAME:	
STREET ADDRESS:		33 STREET ADDRESS:	
CITY-STATE-ZIP:		34 CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		42 NAME:	
STREET ADDRESS:		43 STREET ADDRESS:	
CITY-STATE-ZIP:		44 CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		52 NAME:	
STREET ADDRESS:		53 STREET ADDRESS:	
CITY-STATE-ZIP:		54 CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		62 NAME:	
STREET ADDRESS:		63 STREET ADDRESS:	
CITY-STATE-ZIP:		64 CITY-STATE-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-ee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment, with an address.

SIGNATURE: *Patrick K Wiggins* 3/14/96 822-1534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date of Filing

CR2E034 (12/95)