

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -2 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K55664 (2)

1. Corporation Name

BIGGS & SON, INC.

Principal Place of Business

PO BOX 14388
JACKSONVILLE FL 32238

Mailing Address

PO BOX 14388
JACKSONVILLE FL 32238

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/04/1989

3a. Date of Last Report

03/18/1994

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

59-2920494

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BIGGS, FRANKLIN D.
6131 OLD MIDDLEBURG RD
JACKSONVILLE FL 32222

81 Name

Franklin D. Biggs

82 Street Address (P.O. Box Number is Not Acceptable)

4266 Everett Ave.

83

84 City

Middleburg, FL

FL

85 Zip Code

32068

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:

Franklin D. Biggs

FRANKLIN D. BIGGS

2-22-95

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	BIGGS, FRANKLIN D.
STREET ADDRESS	6131 OLD MIDDLEBURG RD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	SD
NAME	O'NEIL, JERRY
STREET ADDRESS	6131 OLD MIDDLEBURG RD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VD
NAME	BIGGS, MARK E.
STREET ADDRESS	6131 OLD MIDDLEBURG RD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDT	☒ Change ☐ Addition
1.2 NAME	Biggs, Franklin D.	
1.3 STREET ADDRESS	4266 Everett Ave	
1.4 CITY - ST - ZIP	Middleburg, FL	
2.1 TITLE	SD	☒ Change ☒ Addition
2.2 NAME	Jane M. Olyer	
2.3 STREET ADDRESS	4266 Everett Ave	
2.4 CITY - ST - ZIP	Middleburg, FL	
3.1 TITLE	VD	☒ Change ☐ Addition
3.2 NAME	Biggs, Mark E.	
3.3 STREET ADDRESS	4266 Everett Ave	
3.4 CITY - ST - ZIP	Middleburg, FL	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ 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: Franklin D. Biggs FRANKLIN D. BIGGS 2-22-95 (904) 777-5497

(Signature and typed or printed name of signing officer or director)

Date

Telephone