

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 23 PM 3:08

DOCUMENT # K79451

(6)

1. Corporation Name

WILFORD'S SERVICE CENTER, INC.

Principal Place of Business

**11441 SAN JOSE BLVD
JACKSONVILLE FL 32223**

Mailing Address

**11441 SAN JOSE BLVD
JACKSONVILLE FL 32223**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1989

3a. Date of Last Report

05/01/1994

4. FBI Number

59-2960303

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaigns Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BICHLER, BRUCE
11441 SAN JOSE BLVD.
JACKSONVILLE FL 32223**

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 then sign over)

Signature (typed or printed name of registered agent and then sign over)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**DPT
BICHLER, BRUCE
11441 SAN JOSE BLVD
JACKSONVILLE FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**DVP
BICHLER, SHARRI W
11441 SAN JOSE BLVD
JACKSONVILLE FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that it is true and correct, for the information stated in this filing is true and correct. I further certify that the information reported on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as a notary public 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:

Shari W. Bichler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Shari W. Bichler

2/5 95

904-268-5211