

SECOND NOTICE  
AMOUNT DUE ON OR

WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
(IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFESSIONAL  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

96 AUG 28 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L15247**  
1. Corporation Name

**WIGGINS AUTOMOTIVE SERVICE CENTER, INC.**  
Principal Place of Business Mailing Address

**5905 MONCRIEF RD., JAX, FLA. 32209**  
2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25 26 27 28 29 30

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
4. FEI Number **59-2724073** 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 intangible tax under s. 199.032  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**DOYLE GENE JOHNSON**  
**7038 LYSTER CIRCLE WEST**  
**JAX, FLA. 32209**

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 **DOYLE GENE JOHNSON** V.P. **Doyle Gene Johnson** DATE **8-26-96**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>John Allen Wiggins Sr</b>	<input type="checkbox"/> DELETE
NAME	<b>PRESIDENT</b>	
STREET ADDRESS	<b>5894 DIAMOND STREET</b>	
CITY - ST - ZIP	<b>JAX, FLA. 32208</b>	
TITLE	<b>V.P.</b>	<input type="checkbox"/> DELETE
NAME	<b>DOYLE JOHNSON</b>	
STREET ADDRESS	<b>7038 LYSTER CIRCLE WEST</b>	
CITY - ST - ZIP	<b>JAX, FLA. 32209</b>	
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  
☐ Change ☐ Addition  
11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP  
31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP  
41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP  
51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

**500001940255**  
**-03/05/96 --01101--017**  
**\*\*\*\*225.00 \*\*\*\*225.00**

**9/10/96**

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **John Allen Wiggins Sr**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/26/96** **9097643355**

CR2E034 (3/96)