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PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **M93428** **(4)**

1. Corporation Name
WORKMAN'S KWIK-FIX, INC.

Principal Place of Business	Mailing Address
4635 EMERSON ST C/O DONALD E. WORKMAN JACKSONVILLE FL 32207	4635 EMERSON ST C/O DONALD E. WORKMAN JACKSONVILLE FL 32207

3. Date Incorporated or Qualified: 08/05/1988
3a. Date of Last Report: 04/28/1995
4. FEI Number: 59-2929198 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

9. **Name and Address of Current Registered Agent**

WORKMAN, DONALD E.
4635 EMERSON ST
JACKSONVILLE FL 32207

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 Donald E Workman 1/29/96
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: WORKMAN, DONALD E. STREET ADDRESS: 3037 BRIDGEVIEW DR CITY-ST-ZIP: JACKSONVILLE FL	☐ DELETE	1.1 TITLE 1.2 NAME: Danny Sever ✓ 1.3 STREET ADDRESS: 4416 Forest Blvd 1.4 CITY-ST-ZIP: Jacksonville, Fla	☐ Change ☐ Addition
TITLE: V NAME: WORKMAN, DAVID E., SR. STREET ADDRESS: 1402 GLENDALE DR. CITY-ST-ZIP: JACKSONVILLE FL	☐ DELETE	2.1 TITLE: Ronald Ray ✓ 2.2 NAME: 5730 Copper Hill Ln E. 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP: Jacksonville Fla	☐ Change ☐ Addition
TITLE: T NAME: WORKMAN, MELISSA T. STREET ADDRESS: 1402 GLENDALE DR CITY-ST-ZIP: JACKSONVILLE FL	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: V NAME: WILLIAMSON, MIKE STREET ADDRESS: 2891 DICKINSON RD CITY-ST-ZIP: JACKSONVILLE FL	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: V NAME: Mike Denard STREET ADDRESS: 3317 Fairbanks Rd CITY-ST-ZIP: Jacksonville, Fla	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: Jim Sever ✓ NAME: 4408 Forest Blvd STREET ADDRESS CITY-ST-ZIP: Jacksonville Fla	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 Donald E Workman DONALD E Workman 1/29/96 904-398-4118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)