

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 03 1997 8:00am
Secretary of State

DOCUMENT # **M93428**

(4)

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



Principal Place of Business

**4635 EMERSON ST
C/O DONALD E. WORKMAN
JACKSONVILLE FL 32207**

Mailing Address

**4635 EMERSON ST
C/O DONALD E. WORKMAN
JACKSONVILLE FL 32207-4920**

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

8. Name and Address of Current Registered Agent

**WORKMAN, DONALD E.
4635 EMERSON ST
JACKSONVILLE FL 32207**

3. Date Incorporated or Qualified

08/05/1988

3a. Date of Last Report

02/02/1996

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

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 of type and print of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
WORKMAN, DONALD E**
STREET ADDRESS **3037 BRIDGEVIEW DR**
CITY-STATE-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **V
WORKMAN, DAVID E JR**
STREET ADDRESS **1402 GLENDALE DR.**
CITY-STATE-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **T
WORKMAN, MELISSA T.**
STREET ADDRESS **1402 GLENDALE DR**
CITY-STATE-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **V
WILLIAMSON, MIKE**
STREET ADDRESS **2891 DICKINSON RD**
CITY-STATE-ZIP **JACKSONVILLE FL**

TITLE ☒ DELETE

NAME **V
DENARD, MIKE**
STREET ADDRESS **3317 FAIRBANKS RD.**
CITY-STATE-ZIP **JACKSONVILLE FL**

TITLE ☒ DELETE

NAME **V
SEVER, JIM**
STREET ADDRESS **4408 FOREST BLVD.**
CITY-STATE-ZIP **JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition

1.2 NAME **Ronald C. Ray**
1.3 STREET ADDRESS **2173 Cortez Rd**
1.4 CITY-STATE-ZIP **Jacksonville, FL 32246**

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME **Scott Castello**
2.3 STREET ADDRESS **8255 Dickie Dr.**
2.4 CITY-STATE-ZIP **Jacksonville, FL 32207**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 25, 1997
Date

904-390-4110
Daytime Phone #

CR2E034 (9/96)