

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90018 036 ***150.00

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DOCUMENT # M93428

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1988

4. FEI Number

59-2929198

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

Trust Fund Contribution

8. This corporation owes the current year intangible

Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

Signature, typed or printed name 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 4401 TIDEVIEW DR
CITY-ST-ZIP JACKSONVILLE FL 32250

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME V
RAY, RONALD C
STREET ADDRESS 2173 CORTEZ ROD
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ DELETE

NAME V
CASTELLO, SCOTT
STREET ADDRESS 8255 DICKIE DRIVE
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Jon Bass
1.3 STREET ADDRESS 4334 Turner Ave
1.4 CITY-ST-ZIP Jacksonville FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

Donald E. Workman
Signature and Typed or Printed Name of Signing Officer or Director

Date

2/9/99
Daytime Phone # 904-398-418

CR2E034 (11/98)