

2-10-98 B-1803 C  
**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 10 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P92000004332 (2)**  
 1. Corporation Name  
**ZIGLAR'S AUTO SALES, INC.**



Principal Place of Business: **14975 FERDON BLVD, CRESTVIEW FL 32536, US**  
 Mailing Address: **14975 FERDON BLVD, CRESTVIEW FL 32536, US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/09/1992**

4. FEI Number: **59-3154698** 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

21. Principal Place of Business: **1497 S. Ferdon Blvd**  
 Suite, Apt. #, etc.

22. City & State: **Crestview FL**

23. Zip: **32536** Country

24. **32536** 25. **32536** 29. **32536** 30. **32536**

9. Name and Address of Current Registered Agent  
**FLEET, H. BART**  
**1201 EGLIN PKWY**  
**SHALIMAR FL 32579**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>DAY, JENNIE NELL ZI</b>	
STREET ADDRESS	<b>1585 SOUTH PEARL STREET</b>	
CITY-ST-ZIP	<b>CRESTVIEW FL 32539</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>DAY, JOHN G</b>	
STREET ADDRESS	<b>1585 SPEARL ST</b>	
CITY-ST-ZIP	<b>CRESTVIEW FL 32539</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>ZIGLAR, HELEN</b>	
STREET ADDRESS	<b>5133 PARK STREET</b>	
CITY-ST-ZIP	<b>CRESTVIEW FL 32538</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>ZIGLAR, ALONIA</b>	
STREET ADDRESS	<b>103 NOERTH LINCOLN STREET</b>	
CITY-ST-ZIP	<b>CRESTVIEW FL 32538</b>	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>John G. Day</b>
2.3 STREET ADDRESS	<b>1585 South Pearl St</b>
2.4 CITY-ST-ZIP	<b>Crestview, FL 32539</b>
3.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Helen Ziglar</b>
3.3 STREET ADDRESS	<b>5133 Park St.</b>
3.4 CITY-ST-ZIP	<b>Crestview, FL 32539</b>
4.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Alonia Ziglar</b>
4.3 STREET ADDRESS	<b>103 North Lincoln St.</b>
4.4 CITY-ST-ZIP	<b>Crestview, FL 32536</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Jennie Day Date: 1-8-98 (850) 682-7800

CR2E034 (10/97)