

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90029 038 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



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

DOCUMENT # **P92000004332**

1. Corporation Name  
**ZIGLAR'S AUTO SALES, INC.**



Principal Place of Business  
**1497 S FERDON BLVD**  
**CRESTVIEW FL 32536**  
**US**

Mailing Address  
**1497 S FERDON BLVD**  
**CRESTVIEW FL 32536**  
**US**

DO NOT WRITE IN THIS SPACE

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

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

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 the current year Intangible Personal Property Tax.  Yes  No

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAY, JENNIE NELL ZI</b>	1.2 NAME	
STREET ADDRESS	<b>1585 SOUTH PEARL STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CRESTVIEW FL 32539</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAY, JOHN G</b>	2.2 NAME	<b>Day, John G</b>
STREET ADDRESS	<b>1585 SPEARL ST</b>	2.3 STREET ADDRESS	<b>1585 South Pearl St</b>
CITY-ST-ZIP	<b>CRESTVIEW FL 32539</b>	2.4 CITY-ST-ZIP	<b>Crestview, FL 32539</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZIGLAR, HELEN</b>	3.2 NAME	
STREET ADDRESS	<b>5133 PARK STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CRESTVIEW FL 32539</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZIGLAR, ALONIA</b>	4.2 NAME	<b>Ziglar Alonia</b>
STREET ADDRESS	<b>103 NOERTH LINCOLN STREET</b>	4.3 STREET ADDRESS	<b>103 North Lincoln St.</b>
CITY-ST-ZIP	<b>CRESTVIEW FL 32536</b>	4.4 CITY-ST-ZIP	<b>Crestview, FL 32536</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Jennie Nell Zigar Day **JENNIE NELL ZIGLAR DAY** 2-11-99 (850) 682-7800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)