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FILED

Mar 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000053776 (9)

1. Corporation Name

H. GRAHAM HIGGINS SALES COMPANY

Principal Place of Business

5832 GUMWOOD DRIVE  
JACKSONVILLE FL 32211

Mailing Address

5832 GUMWOOD DRIVE  
JACKSONVILLE FL 32277-1652



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

08/02/1993

3a. Date of Last Report

04/18/1996

4. FEI Number

59-3192386

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

9. Name and Address of Current Registered Agent

HIGGINS, H G  
5832 GUMWOOD DR.  
JACKSONVILLE FL 32211

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 of person or name of registered agent and title. (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HIGGINS, H G  
STREET ADDRESS 5832 GUMWOOD DR.  
CITY- ST- ZIP JACKSONVILLE FL 32211

☐ DELETE

TITLE STD  
NAME HIGGINS, E A  
STREET ADDRESS 5832 GUMWOOD DR.  
CITY- ST- ZIP JACKSONVILLE FL 32211

☐ DELETE

TITLE VD  
NAME HIGGINS, MICHAEL  
STREET ADDRESS 1618 SAND HOLLOW LANE  
CITY- ST- ZIP VALRICO FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP

☐ Change

☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP

☐ Change

☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP

☐ Change

☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP

☐ Change

☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP

☐ Change

☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY- ST- ZIP

☐ Change

☐ Addition

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 or Block 14 or in attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-26-97

9047442620

Date

Daytime Phone #

CR2E034 (9/96)