FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 9:04

DOCUMENT # **P93000087956 (7)**

1. Corporation Name
HIGGINS & COMPANY, INC.

Principal Place of Business	Mailing Address
10717 LA PLACIDA DRIVE UNIT 1 CORAL SPRINGS FL	10717 LA PLACIDA DRIVE UNIT 1 CORAL SPRINGS FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1993
3a. Date of Last Report: 08/12/1994

2. Principal Place of Business
21 541 S. State Road 7
Suite, Apt. #, etc.
22 Suite 5
City & State
23 Margate FL
Zip 24 33068
Country 25 USA

2a. Mailing Address
26 541 S. State Road 7
Suite, Apt. #, etc.
27 Suite 5
City & State
28 Margate FL
Zip 29 33068
Country 30 USA

4. FEI Number: 65-0455844 ☐ 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, TERRY M
10717 LA PLACIDA DRIVE
UNIT 1
CORAL SPRINGS FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 541 S. State Road 7
83 Suite 5
84 City Margate FL 85 Zip Code 33068

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 manually signing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	HIGGINS, TERRY M.	12 NAME		
STREET ADDRESS	10717 LA PLACIDA DRIVE #1	13 STREET ADDRESS	541 S. State Road 7, Suite 5	
CITY ST ZIP	CORAL SPRINGS FL	14 CITY ST ZIP	Margate, FL 33068	
TITLE	VPS	21 TITLE		☒ Change ☐ Addition
NAME	HIGGINS, GRETTA B.	22 NAME	PLEASE DELETE - NO VPS	
STREET ADDRESS	10717 LA PLACIDA DRIVE, #1	23 STREET ADDRESS		
CITY ST ZIP	CORAL SPRINGS FL	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Terry M. Higgins 5-26-95 3059721244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0110127 CP