

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 13 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000094269 (5)

1. Corporation Name

NAPA OF JASPER, INC.

Principal Place of Business

115 CENTRAL STREET
JASPER FL 32052

Mailing Address

115 CENTRAL STREET
JASPER FL 32052

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

12/30/1994

4. FEI Number

59-3295470

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 P. O. Box 1149
Suite, Apt. #, etc.

27 City & State

28 Jasper, Florida

29 32052 30 Hamilton

9. Name and Address of Current Registered Agent

PARALEGAL & ATTORNEY SERVICE BUREAU, INC.
1406 HAYS STREET
SUITE 2
TALLAHASSEE FL 32301

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GODWIN, WILLARD G
STREET ADDRESS P.O. BOX 1149 N/A
CITY-ST-ZIP JASPER FL 32052

TITLE VD
NAME GODWIN, WILLARD
STREET ADDRESS P.O. BOX 1149 N/A
CITY-ST-ZIP JASPER FL 32052

TITLE STD
NAME GODWIN, FAYE A
STREET ADDRESS P.O. BOX 1149 N/A
CITY-ST-ZIP JASPER FL 32052

TITLE D
NAME GODWIN, WILLIAM G
STREET ADDRESS P.O. BOX 1149 N/A
CITY-ST-ZIP JASPER FL 32052

TITLE D
NAME GRITZ, SHEILA D
STREET ADDRESS P.O. BOX 1149 N/A
CITY-ST-ZIP JASPER FL 32052

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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 110.07(3)(k), 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:

Willard G. Godwin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Willard G. Godwin

2/13/95 (904)792-1180

Date

Daytime Phone #

END ROLL

32755

95-AR

Type
