

DOCUMENT # P99000014240

1. Entity Name

WIGGINS PROPERTY MANAGEMENT, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

01-26-2000 90091 018 ***150.00

Principal Place of Business 83-A COWELTA ROAD CANTONMENT FL 32533	Mailing Address 83-A COWELTA ROAD CANTONMENT FL 32533
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 83-A COWETA ROAD	3. Mailing Address 83-A COWETA ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CANTONMENT FL	City & State CANTONMENT FL	4. FEI Number 59-3562958	Applied For <input type="checkbox"/> Not Applicable
Zip 32533	Country FLORIDA	Zip 32533	Country FLORIDA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WIGGINS, ROBERT LEE
83-A COWELTA ROAD
CANTONMENT FL 32533

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WIGGINS, FRANCES MELITA			NAME			
STREET ADDRESS	83-A COWELTA ROAD			STREET ADDRESS			
CITY-ST-ZIP	CANTONMENT FL 32533			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WIGGINS, ROBERT LEE			NAME			
STREET ADDRESS	83-A COWELTA ROAD			STREET ADDRESS			
CITY-ST-ZIP	CANTONMENT FL 32533			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert L. Wiggins* **ROBERT L. WIGGINS** 1-18-00 850-968-1527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #