

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90045 035 ***150.00

DOCUMENT # P99000030898

1. Entity Name
HIGGINBOTHAM MOTORS, INC.



Principal Place of Business
**1227 ROGGERO RD
JACKSONVILLE, FL 32211**

Mailing Address
**1227 ROGGERO RD
JACKSONVILLE, FL 32211**

24017266



01072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
1227 Rogero Road

3. Mailing Address
1227 Rogero Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville, FL 32211

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Jacksonville, FL 32211

4. FEI Number
59-3572137

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**HIGGINBOTHAM, SYLVIA
3940 TOWNSEND BLVD.
JACKSONVILLE, FL 32277**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Sylvia A. Higginbotham

(NOTE: Registered Agent signature required when reinstating)

Jan 25, 2004

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HIGGINBOTHAM, HUGH R**
STREET ADDRESS **3940 TOWNSEND BLVD.**
CITY-ST-ZIP **JACKSONVILLE, FL 32277**

TITLE **D** ☐ Delete
NAME **HIGGINBOTHAM, SYLVIA**
STREET ADDRESS **3940 TOWNSEND BLVD.**
CITY-ST-ZIP **JACKSONVILLE, FL 32277**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sylvia A. Higginbotham *Hugh R. Higginbotham*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/04

Date

904 244-0008

Daytime Phone #