

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S88017 (6)

1. Corporation Name

WOOTEN'S AUTOCORP, INC.



Principal Place of Business

P O BOX 1713  
HERNANDO FL 34442

Mailing Address

P O BOX 1713  
HERNANDO FL 34442

3. Date Incorporated or Qualified  
10/17/1991

3a. Date of Last Report  
06/23/1995

2. Principal Place of Business  
21 2522 North

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 City & State

22 Florida Ave.  
23 Hernando, FL

24 34442 25 Citrus

29 Zip 30 Country

4. FEI Number  
59-3090258

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

10. Name and Address of New Registered Agent

WOOTEN, JOSHUA H.  
2480 N. FLORIDA AVENUE  
HERNANDO FL 32642

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2522 N. Florida Ave.

83 Hernando

84 City

FL

85 Zip Code 34442

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME WOOTEN, JOSHUA H.  
STREET ADDRESS 2480 N. FLORIDA AVE  
CITY-ST-ZIP HERNANDO FL ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 2522 N. Florida Ave.  
1.4 CITY-ST-ZIP HERNANDO, FL 34442

TITLE S  
NAME WOOTEN, JOSUA H  
STREET ADDRESS 2480 N FLA AVE  
CITY-ST-ZIP HERNANDO FL ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME Joshua  
2.3 STREET ADDRESS 2522 N. Florida Ave.  
2.4 CITY-ST-ZIP HERNANDO, Florida, 34442

TITLE T  
NAME WOOTEN, S P JR  
STREET ADDRESS 2480 N FLORIDA AVENUE  
CITY-ST-ZIP HERNANDO FL ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 2522 N. Florida Ave.  
3.4 CITY-ST-ZIP HERNANDO, FL 34442

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(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: Joshua H. Wooten (Pres.)

4-30-96

352-637-7117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)