

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H28490

(1)

1. Corporation Name

SANFORD AUTO SALVAGE, INC.

Principal Place of Business

5405 ORANGE BLVD.
SANFORD FL 32771

Mailing Address

5405 ORANGE BLVD.
SANFORD FL 32771

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

REDWINE, DAVID S.
5405 ORANGE BLVD.
SANFORD FL 32771

3. Date Incorporated or Qualified
11/02/1984

3a. Date of Last Report
04/18/1995

4. FEI Number

59-2477322

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

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 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

David S Redwine, Pres.

(Print Name of Agent Signature Required when reinstating)

1-7-97

DATE

OFFICERS AND DIRECTORS

12.

12.1 NAME

12.2 STREET ADDRESS

12.3 CITY-STATE-ZIP

12.4 TITLE

12.5 NAME

12.6 STREET ADDRESS

12.7 CITY-STATE-ZIP

12.8 TITLE

12.9 NAME

12.10 STREET ADDRESS

12.11 CITY-STATE-ZIP

12.12 TITLE

12.13 NAME

12.14 STREET ADDRESS

12.15 CITY-STATE-ZIP

12.16 TITLE

12.17 NAME

12.18 STREET ADDRESS

12.19 CITY-STATE-ZIP

12.20 TITLE

12.21 NAME

12.22 STREET ADDRESS

12.23 CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-STATE-ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-STATE-ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-STATE-ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-96 407-322 8569

Date

Daytime Phone

CR2E034 (12/95)