

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90053 048 ***150.00

DOCUMENT # P23137

1. Entity Name
T & H SALES & SALVAGE, INC.

Principal Place of Business Mailing Address
PO BOX 276 PO BOX 276
PAVO GA 31778 PAVO GA 31778-0276

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **58-1820924** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
TAYLOR, CECIL
1310 DIXON STREET
LAKELAND FL 33802

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	P	<input type="checkbox"/> Delete
NAME	TAYLOR, LUCIOUS M., JR.	
STREET ADDRESS	1096 SYCAMORE ST	
CITY-ST-ZIP	PAVO GA 31778	
TITLE	V	<input type="checkbox"/> Delete
NAME	HART, JAMES H.	
STREET ADDRESS	2063 SYCAMORE ST	
CITY-ST-ZIP	PAVO GA 31778	
TITLE	S	<input type="checkbox"/> Delete
NAME	TAYLOR, WINONA Y.	
STREET ADDRESS	1096 SYCAMORE ST	
CITY-ST-ZIP	PAVO GA 31778	
TITLE	T	<input type="checkbox"/> Delete
NAME	HART, JANICE Y.	
STREET ADDRESS	2063 SYCAMORE ST	
CITY-ST-ZIP	PAVO GA 31778	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Winona Taylor - WINONA TAYLOR - Sec. Date: 2-8-00 Daytime Phone #: 912-859-2645

CR2E034 (9/99)