FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V66090** **(4)**

1. Corporation Name

VAN HORN'S AUTO SALVAGE, INC.

Principal Place of Business	Mailing Address
2137 N SHERMAN AVE PANAMA CITY FL 32405	2137 N SHERMAN AVE PANAMA CITY FL 32405

3. Date Incorporated or Qualified: **09/21/1992**
3a. Date of Last Report: **04/13/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **59-3144140** ☐ 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

MARSHALL, SANDRA J.
2137 NORTH SHERMAN AVE
PANAMA CITY FL 32405

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 607.1508, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	VP	☐ Change ☑ Addition
NAME	VAN HORN, AL		1.2 NAME	Paul Shane Stephenson	
STREET ADDRESS	2508 STANFORD RD		1.3 STREET ADDRESS	2201 Sherman Ave	
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP	Panama City, FL 32405	
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MARSHALL SANDRA J.		2.2 NAME		
STREET ADDRESS	5123 DEEPWATER CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	VAN HORN,, JOHN		3.2 NAME		
STREET ADDRESS	5049 HALSEY CIRCLE		3.3 STREET ADDRESS	516 COLONIAL	
CITY-ST-ZIP	PANAMA CITY FL		3.4 CITY-ST-ZIP	PANAMA CITY, FL 32404	
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HORN, LOIS VAN		4.2 NAME		
STREET ADDRESS	2508 STANFORD RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☑ Change ☐ Addition
NAME	RODGER, STEPHEN RHODES		5.2 NAME		
STREET ADDRESS	1200 THOMASVILLE RD.		5.3 STREET ADDRESS	1200 TRANSMITTER RD.	
CITY-ST-ZIP	PANAMA CITY FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Sandra J. Marshall 4-19-96 904-7634000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #