FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V66090** 1. Corporation Name

VAN HORN'S AUTO SALVAGE, INC.

Principal Place of Business

Mailing Address

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90063 024 ***150.00



2137 N SHERM, PANAMA CITY I		2137 N SHERMAN AVE PANAMA CITY FL 32405				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
						09/21/1992		·		
2. Principal Pl	ace of Business	2a. Mailing Address	lailing Address			4. FEI Number		-	Applied For	
21		26				59-3144140			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	5. Certificate of Status Desired				
22		27								
City & State		City & State				6. Election Campaign Financing		•	May Be	
23	28					Trust Fund Contribution			d to Fees	
Zip	Country				Country 8. This corporation owes the current year Intangible Personal Property Tax.					
24	25 29 30			Personal Property Tax.						
	9. Name and Address of Curren	t Registered Agent	81	I NE	ame	10. Name and Address of New Regist	erea Age		-	
MAAD.	SHALL SANDRA I		°'	I IN	ame		_			
MARSHALL, SANDRA J. 2137 NORTH SHERMAN AVE			82	82 Street Address (P.O. Box Number is Not Acceptable)						
PANAMA CITY FL 32405			83	-			<u> </u>			
1				_	.,			1		
		•	84	l Ci	ity		FL 8	5 Zi	p Code	
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									registered	
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER				
πLE	ST	☐ DELETE	1.5 TITLE				Ц	Chang	e 🔲 Addition	
NAME	MARSHALL SANDRA J.		1.2 NAME						l	
STREET ADDRESS	- 100 G = 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.3 STREE	T ADD	RESS				ì	
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-S	ST-ZIP	<u> </u>			<u> </u>		
TITLE	VP	☐ DELETE	2.1 TITLE				Ц	Chang	e	
NAME	van Horn,, John		2.2 NAME							
STREET ADDRESS			2.3 STREE	TADD	RESS				[
CITY-ST-ZIP			2. 4 CfTY-	ST-ZIF			·			
TITLE	**	☐ DELETE	3.1 TITLE		V.P.	,		Chang	e 🔼 Addition	
NAME	Orson-		3.2 NAME		or.	son f->pann				
STREET ADDRESS			3.3 STREE	TADD	RESS 6/2	son F. Spann Fitness Rd. Happert, Fl. 3240g				
CITY-ST-ZIP			3.4. CITY-	ST-ZIF	Sou	thort, FL. 3240g				
TITLE		☐ DELETE	4.1 TITLE					Chang	e 🗌 Addition	
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREE	T ADD	RESS					
CITY-ST-ZIP			4.4 CITY-5	ST•ZIP	,					
TITLE		☐ DELETE	5.1 TITLE					Chang	e 🔲 Addition	
NAME			5.2 NAME		1					
STREET ADDRESS			5.3 STREE	T ADD	RESS					
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP	,					
TITLE		☐ DELETE	6.1 TITLE		\neg			Chang	e	
NAME			6.2 NAME		Ì				ļ	
, . 			6.3 STREE	T AND	DRESS				ľ	

14. 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 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 officers, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZiP™