FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **S59965** **(1)**

1. Corporation Name
323 AUTO SALVAGE & REPAIRS, INC.

Principal Place of Business	Mailing Address
RT 4 BOX 252 RT. 323 INTERSECTING RT. 316 WILLISTON FL 32696	RT 4 BOX 252 RT. 323 INTERSECTING RT. 316 WILLISTON FL 32696-9412

3. Date Incorporated or Qualified: 06/17/1991
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 591 NE 205TH AVE
Suite, Apt. #, etc.
27
City & State
28 Williston Fl
Zip 29 32696 Country 30 Levy

4. FEI Number: 59-3068838 ☐ 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

PARKS, RAYMOND D.
~~RT 4 BOX 252~~ 591 NE 205TH AVE
WILLISTON FL 32696

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 required for addition 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	DP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	PARKS, RAYMOND D.		1.2 NAME		
STREET ADDRESS	RT. 4 BOX 252		1.3 STREET ADDRESS	591 NE 205TH AVE	
CITY-ST-ZIP	WILLISTON FL		1.4 CITY-ST-ZIP	Williston Fl 32696	
TITLE	ST	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	PARKS, RAYMOND D.		2.2 NAME		
STREET ADDRESS	RT. 4 BOX 252		2.3 STREET ADDRESS	591 NE 205TH AVE	
CITY-ST-ZIP	WILLISTON FL		2.4 CITY-ST-ZIP	Williston Fl 32696	
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	PARKS, LOUISE T.		3.2 NAME		
STREET ADDRESS	RT. 4 BOX 252		3.3 STREET ADDRESS	591 NE 205TH AVE	
CITY-ST-ZIP	WILLISTON FL		3.4 CITY-ST-ZIP	Williston Fl 32696	
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	PARKS, DIANA M.		4.2 NAME		
STREET ADDRESS	RT 4 BOX 252		4.3 STREET ADDRESS	591 NE 205TH AVE	
CITY-ST-ZIP	WILLISTON FL		4.4 CITY-ST-ZIP	Williston Fl 32696	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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 (9/96)

14. I do 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 address.

SIGNATURE: Louise T Parks REQUIRED 3/23/97 352-528-2914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #