

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

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY - 1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **398651** (0)
1. Corporation Name
T & M SALVAGE, INC

Principal Place of Business Mailing Address
2805 HWY. 37TH S. P.O. BOX 1302 MULBERRY FL 33960

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

3. Date Incorporated or Qualified **04/04/1972** 3a. Date of Last Report **03/21/1994**
4. FEI Number **59-1404663** 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MOCK, JOHN W.
1815 E. STATE RD. 540A
LAKELAND, FL
33803**

10. Name and Address of Now Registered Agent
81 Name **Mock, Virginia L.**
82 Street Address (P.O. Box Number is Not Acceptable) **1815 E. Road 540-A**
83 **Lakeland, FL 33813**
84 City **Lakeland,** FL 85 Zip Code **33813**

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 *Suzanna R. Mock* DATE **4-24-95**
Signature of agent or printed name of registered agent, not both applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MOCK, JOHN 1815 E. STATE RD. 540A LAKELAND FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD MOCK, VIRGINIA 1815 E. STATE RD. 540A LAKELAND FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	President Mock, Virginia L. 1815 E. Road 540-A Lakeland, FL 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	Vice President Pearce, Vanessa M. 1815 E. Road 540-A Lakeland, FL 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	Treasurer Mathis, Melissa M. 458 Willow Run Lakeland, FL 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	Director Mock, John W. 1815 E. Road 540-A Lakeland, FL 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REMITTED BY MAY 1

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 110.07(3)(b), 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: *Suzanna R. Mock* **President** DATE **4-24-95** **813-425-1956**
Signature of officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.