

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90293 021 ***150.00

DOCUMENT # 398651

1. Entity Name
T & M SALVAGE, INC

Principal Place of Business 2605 HWY. 37TH S. P.O. BOX 1302 MULBERRY FL 33860	Mailing Address 2605 HWY. 37TH S. P.O. BOX 1302 MULBERRY FL 33860-1302
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1404663		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MOCK, JOHN W. 1815 E. STATE RD. 540A LAKELAND FL 33813				Name Virginia L. Mock			
				Street Address (P.O. Box Number is Not Acceptable) 1815 E. Rd. 540-A			
				City, State, and Zip Lakeland, FL 33813			
				City, State, and Zip Lakeland, FL 33813			

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: *Virginia L. Mock* (Signature, typed or printed name of registered agent and title if applicable.)
 DATE: **4-28-00**
 (NOTE: Registered Agent signature required when reinstating.)

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		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOCK, VIRGINIA L			NAME			
STREET ADDRESS	1815 E. STATE RD. 540A			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEARCE, VANESSA M			NAME			
STREET ADDRESS	1815 E. STATE RD. 540A			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATHIS, MELISSA M			NAME			
STREET ADDRESS	1465 ROYAL FORREST PLACE			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33811			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOCK, JOHN W			NAME			
STREET ADDRESS	1815 E ROAD 540-A			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Virginia L. Mock* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
 DATE: **4-28-00**
 DAYTIME PHONE: **863-425-1956**

C.F. E034 (9/99)