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 # **447108** **(2)**

1. Corporation Name

ARLINGTON SALVAGE AND WRECKER COMPANY

Principal Place of Business

5840 ARLINGTON ROAD
JACKSONVILLE FL 32211
US

Mailing Address

5840 ARLINGTON ROAD
JACKSONVILLE FL 32211
US

2. Principal Place of Business

21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address

26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **03/06/1974**

3a. Date of Last Report: **04/06/1995**

4. FEI Number: **59-1522005** 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

INMAN, R. J., JR.
2252 GULF LIFE TOWER
JACKSONVILLE FL 32207

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 607.0505 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 of Current Registered Agent Date

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MCCART, JACK R.	
STREET ADDRESS	7602 TARA LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	☐ DELETE
NAME	MCCART,ROBERT A	
STREET ADDRESS	2925 SEARCHWOOD DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	☐ DELETE
NAME	MCCART, SHIRLEY S	
STREET ADDRESS	7602 TARA LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	INMAN, R.J. JR.	
STREET ADDRESS	2252 GULFLIFE TOWER	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS	5533 Edenfield Rd	
14 CITY-ST-ZIP	Jacksonville, FL 32277	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☒ Change ☐ Addition
32 NAME		
33 STREET ADDRESS	5533 Edenfield Rd	
34 CITY-ST-ZIP	Jacksonville FL 32277	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing, to the best of my knowledge, is true 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 is added in Block 13 with an address.

SIGNATURE: Jack McCart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96 904-744-4933
Date Daytime Phone

CR2E034 (12/95)