

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

95 MAY -1 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 529845

(0)

1. Corporation Name

NORTH TAMPA SALVAGE, INC.

Principal Place of Business

215 LAKE BRANT DR
LUTZ FL 33549

Mailing Address

215 LAKE BRANT DR
LUTZ FL 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/22/1977

3a. Date of Last Report
08/09/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Country

30

4. FEI Number
59-1731618

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. The corporation has liability for intangible tax under S. 199.000,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DORSEY, BARBARA J
215 LAKE BRANT DR
LUTZ FL 33549

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

Signature of Registered Agent (print name) and the corporation

Signature of Registered Agent (print name) and the corporation

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

SD
DORSEY, BARBARA
215 LAKE BRANT DR
LUTZ, FLORIDA 00000

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

PD
DORSEY, LARRY
215 LAKE BRANT DR
LUTZ, FLORIDA 00000

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

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST, ZIP

100001481351
-05/09/95--01115--010
****200.00 ****200.00

13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY, ST, ZIP

13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY, ST, ZIP

13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY, ST, ZIP

13.17 TITLE
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY, ST, ZIP

13.21 TITLE
13.22 NAME
13.23 STREET ADDRESS
13.24 CITY, ST, ZIP

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 119.07(3)(b), Florida Statutes. I further certify that the information contained 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:

Barbara J. Dorsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Secretary)

4/24/95

961-7626