FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **539564** **(5)**

1. Corporate Name

PLACIDO SCRAP & SALVAGE, CORP.

Principal Place of Business:
15005 SW KINGBIRD
BEAVERTON OH 97007
US

Mailing Address:
15005 SW KINGBIRD
BEAVERTON OR 97007
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1977

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21

2a. Mailing Address
26

Suite Apt. # etc.
22

Suite Apt. # etc.
27

City & State
23

City & State
28

24 25 29 30

4. FEI Number: 59-1754689 — 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 Ch. 199.032 Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BARRY D. GORDON
4790 95TH ST. N.
ST. PETERSBURG FL

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 607.0506 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 I hereby offer to comply with the provisions of Section 607.0505 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITION, CHANGE, TO OFFICERS AND DIRECTORS
TITLE	PDS	☐ Change ☐ Addition
NAME	GORDON, BARRY	
STREET ADDRESS	15005 SW KINGBIRD	
CITY, ST, ZIP	BEAVERTON OR	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the preceding or supplemental annual reports, that are not to change, and that my signature shall have the same as on file. I understand that an officer or director of the corporation or the owner or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12, or Block 13 if changed, will be filed with the address.

SIGNATURE: Barry Gordon 4/25/95 503-539-0488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

040211P FN