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FILED

May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 579922 (6)
1. Corporation Name
COMMERCIAL SALVAGE CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
8381 DIX ELLIS TRAIL 8381 DIX ELLIS TRAIL
P. O. BOX 2575 P. O. BOX 2575
JACKSONVILLE FL 32203 JACKSONVILLE FL 32203

3. Date Incorporated or Qualified

07/24/1978

4. FEI Number Applied For
59-1886615 Not Applicable

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

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SNEAD, MICHAEL J
8381 DIX ELLIS TRAIL
JACKSONVILLE FL 32256

81 Name
Blumberg, Armin W.

82 Street Address (P.O. Box Number is Not Acceptable)
8381 Dix Ellis Trail

83

84 City Jacksonville FL 85 Zip Code 32256

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 Armin W. Blumberg

4/21/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME SNEAD, MICHAEL J.
STREET ADDRESS 8381 DIX ELLIS TRAIL
CITY-ST-ZIP JACKSONVILLE, FL 0

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Blumberg, Armin W.
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME SUTHERLAND, BETTY C.
STREET ADDRESS 8381 DIX ELLIS TRAIL
CITY-ST-ZIP JACKSONVILLE, FL 0

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DVT ☐ DELETE
NAME HILL, JOHN S
STREET ADDRESS 8381 DIX ELLIS TRAIL
CITY-ST-ZIP JACKSONVILLE, FL 0

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Wothe, Gary R.
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 Gary R. Wothe

4/21/98

904-363-0900

CR2E034 (10/97)