

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 # 656620 (2)

1. Corporation Name

SUNCOAST AUTO RECYCLING CENTER, INC.

Principal Place of Business

HWY 19 S
PO BOX 388
CRYSTAL RIVER FL 34423

Mailing Address

P. O. BOX 388
CRYSTAL RIVER FL 34423
US



3. Date Incorporated or Qualified
02/21/1980

3a. Date of Last Report
08/14/1995

2. Principal Place of Business
21 1980 S. SUNCOAST BLVD

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State
HOMOSASSA FL

27 City & State

24 Zip 34448 25 Country US

28 Zip 29 Country 30

4. FEI Number
59-1978403

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

10. Name and Address of New Registered Agent

STERCHI, GEORGE L.
U.S. 19 SOUTH
CRYSTAL RIVER FL 34423

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1980 S. SUNCOAST BLVD

83

84 City

HOMOSASSA

85 Zip Code FL 34448

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME STERCHI, GEORGE L.
STREET ADDRESS U.S. 19 SOUTH
CITY-ST-ZIP CRYSTAL RIVER FL ☐ DELETE

TITLE D
NAME STERCHI, GAIL G.
STREET ADDRESS U.S. 19 SOUTH
CITY-ST-ZIP CRYSTAL RIVER FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 20495 BEALS CHAPEL RD.

1.4 CITY-ST-ZIP LENOIR CITY, TN 37772

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 20495 BEALS CHAPEL RD

2.4 CITY-ST-ZIP LENOIR CITY, TN 37772

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96 (423) 986-1074

Date

Daytime Phone #

CR2E034 (12/95)