

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 26 PM 4: 35

DOCUMENT # 674997 (2)

1. Corporation Name
WEST COAST AUTO SALVAGE, INC.

Principal Place of Business Mailing Address
2550 30TH AVE N ST PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/25/1980	04/14/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-2022799	Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BENTLEY, GERALD S. 7000 DATE PALM AVE. S. ST PETE FL 33707				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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTLEY, GERALD S.	1.2 NAME	
STREET ADDRESS	7000 DATE PALM AVE. S.	1.3 STREET ADDRESS	
CITY- ST- ZIP	ST PETE, FL 00000	1.4 CITY- ST- ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTLEY, CAROLYN M	2.2 NAME	
STREET ADDRESS	7000 DATE PALM AVE. S.	2.3 STREET ADDRESS	
CITY- ST- ZIP	ST PETE FL	2.4 CITY- ST- ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTLEY, STEVEN B.	3.2 NAME	
STREET ADDRESS	5680 86TH LANE N	3.3 STREET ADDRESS	
CITY- ST- ZIP	ST PETERSBURG FL	3.4 CITY- ST- ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTLEY, LINDA K.	4.2 NAME	
STREET ADDRESS	5710 86TH LANE N.	4.3 STREET ADDRESS	
CITY- ST- ZIP	ST. PETERSBURG FL	4.4 CITY- ST- ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWING, LESTER H.	5.2 NAME	
STREET ADDRESS	5345 FLAMINGO DR	5.3 STREET ADDRESS	
CITY- ST- ZIP	ST. PETERSBURG FL	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 110.07(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: Carolyn M. Bentley 1-20-95 (813) 321-6601
SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER ON OTHER SIDE