

**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 # 674997 (2)**  
1. Corporation Name  
**WEST COAST AUTO SALVAGE, INC.**



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

3. Date Incorporated or Qualified: **06/25/1980**  
3a. Date of Last Report: **01/26/1995**  
4. FEI Number: **59-2022799** 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

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 27  
Zip: 24 Country: 25 Zip: 29 Country: 30

**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 type (printed name of registered agent or officer or director)

(If the Registered Agent's signature appears on this statement)

(Date)

**12. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BENTLEY, GERALD S.	
STREET ADDRESS	7000 DATE PALM AVE. S.	
CITY-STATE-ZIP	ST PETE, FL 00000	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BENTLEY, CAROLYN M	
STREET ADDRESS	7000 DATE PALM AVE. S.	
CITY-STATE-ZIP	ST PETE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BENTLEY, STEVEN B.	
STREET ADDRESS	5660 66TH LANE N	
CITY-STATE-ZIP	ST PETERSBURG FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BENTLEY, LINDA K.	
STREET ADDRESS	5710 66TH LANE N.	
CITY-STATE-ZIP	ST. PETERSBURG FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LAWING, LESTER H.	
STREET ADDRESS	5345 FLAMINGO DR	
CITY-STATE-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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:** *Carolyn M. Bentley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Carolyn M Bentley*  
Secretary Date: *1/1/97*  
813-351-6621  
Daytime Phone #

CR2E034 (12/95)