


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90029 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 674997

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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/25/1980	
4. FEI Number 59-2022799	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24 25	29 30

9. Name and Address of Current Registered Agent

BENTLEY, GERALD S
1730 LIGHTHOUSE TERR #13
ST PETE FL 33707

10. Name and Address of New Registered Agent

81 Name	Steven B. Bentley
82 Street Address (P.O. Box Number is Not Acceptable)	5660 66 Lane N
83	
84 City	St. Petersburg FL
85 Zip Code	33709

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTLEY, GERALD S.	1.2 NAME	
STREET ADDRESS	1730 LIGHTHOUSE TERR #13	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE, FL 00000 33707	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTLEY, CAROLYN M	2.2 NAME	
STREET ADDRESS	1730 LIGHTHOUSE TERR, #13	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE FL 33707	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTLEY, STEVEN B.	3.2 NAME	Steven B Bentley
STREET ADDRESS	5660 66TH LANE N	3.3 STREET ADDRESS	5660 66 Lane N
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	St Petersburg, FL 33709
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTLEY, LINDA K.	4.2 NAME	
STREET ADDRESS	5710 66TH LANE N.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	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	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUEHLER, JOHN M	6.2 NAME	
STREET ADDRESS	6818 4TH AVENUE N	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33710	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, with all other like empowered.

SIGNATURE: **Carolyn M. Bentley** **QUICK Carolyn M. Bentley 727-321-6601**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)