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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 28 1998 8:00am

Secretary of State

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Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

830005

(5)

HARRIS & WILEMON SALVAGE COMPANY, INC.

| | | | | | | | | | . [[[[] [] [] [] [] [] [] [] | <u> </u> | |
|---|--------------------------|---------------------------------|------------|---------------------------------|-----------------|--|--------------|----------------|---|---------------|--|
| Principal Place of Business Mailing Address | | | | | | | | | | 11 81911 1881 | |
| 7278 SELKIRK DRIVE. NW 7278 SELKIRK DRIVE. NW | | | | | W | | | | | | |
| ATLANTA GA 30328 | | | , | ATLANTA GA 30328 | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | | | | 3. Date Incorporated or Qualified | | |
| | | | | | | | | | 04/30/1973 | | |
| 2. Principal P | lace of Busine | ss | 20 | . Mailing Address | | | | | | pplied For | |
| 21 | | | | 26 | | | | | | ot Applicable | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | \$8.75 | Additional | |
| 22 | | | | 27 | | | | | I B Cartificate of Status Lipsired I I | equired | |
| City & State | | | | City & State | | | | | 6. Election Campaign Financing \$5.00 | May Be | |
| 23 | | | | 28 | | | | | | to Fees | |
| Zip Country | | | | Zip Country | | | 1 | | 8. This corporation owes or has paid the current year In | tangible | |
| 24 | 25 | | | 29 30 | | | | | | □No | |
| 9. Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New Registered Agent | | | | | |
| Wi | Lemon, Roy | CE D. | | | | 81 | Name | ie | | | |
| 2543 POWERS AVENUE | | | | i | | 82 | Stree | et Addres | ss (P.O. Box Number is Not Acceptable) | | |
| HARRIS & WILEMON SALVAGE CO | | | | NC. | | | l | | , | | |
| JAL | CK \$O NVILLE | FL 322 07 | | | | 83 | | | | | |
| | | | | | | 84 | City | <u> </u> | 85 Zip | Code | |
| | | _ | | | | " | , | | FL ` | | |
| 11, Pursuant | to the provision | ns of Sections 607.0 | 502 and 6 | 07.1508, Florida Statu | ites, the a | above | e-name | ed corpora | ration submits this statement for the purpose of changing i o's board of directors. I hereby accept the appointment as | ts registered | |
| agent. I a | ım fa miliar with | , and accept the obl | igations o | f, Section 607.05 0 5, F | lorida Sta | itutes | FUE CO S. | aiporation | ins board or directors. Thereby accept the appointment as | registered | |
| SIGNATURE | | | | | | | | | | | |
| | Signature, typed or | printed name of registered. | | | | | ant signatu | y beringan aru | when reinstating) DATE | | |
| 12. | - B | OFFICERS A | UD DIREC | DELETE | 13. | | | 1 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR | | |
| THLE | HADDIC | neerao w | | ☐ Offere | | HTLE | | | L Change | Addition | |
| NAME | | REEFAS W. | | | | MAME | | | | | |
| \$treet address | | KIRK DR NW | | | | | ADURESS | S | | | |
| CITY-ST-ZIP | ATLANTA | UN_ | | DELETE | | CITY-S | 11-21P | | T Charac | A alabora | |
| TITLE | WALENON | BOVCE D | | ☐ DECEIE | 2.1 T | | | | Change | ☐ Addition | |
| NAME | | i, royce d. N tide rd | | | | NAME | | | | | |
| STREET ADDRESS | | | | | | | ADDRESS | S | | | |
| CITY-ST-ZIP | JACKSON 8 | IVILLE FL | | DELETE | | | ST-ZIP | | Charac | (Addition | |
| TITLE | | ARLEEN F. | | | 3.1] | | | | ☐ Change | Addition | |
| NAME | | | | | 321 | | | | | | |
| STREET ADDRESS | | KIRK DR NW | | | | | ADDRESS | S | | | |
| CITY-ST-ZIP TITLE | ATLANTA | <u>un</u> | | DELETE | 3.4. I 4.1 J | | ST-ZIP | | Change | Addition | |
| | | | | FT Dereit | | | | | L.J Change | L_J ADDITION | |
| NAME | 1 - | | | | | NAME | 1000000 | . | | ĺ | |
| STREET ADDRESS | | | | | | | ADDRESS | · | | | |
| CITY-ST-ZIP TITLE | | <u></u> - | | ☐ DELE TE | | HY-S | 1-219 | | Change | Addition | |
| | | | | | 5.1 7 | | | | ☐ Charige | | |
| NAME CIRCIT ADDOCCO | | | | | 5.2 6 | | 1000000 | , | | | |
| STREET ADDRESS | | | | | • | | ADDRESS | > | | | |
| CITY-ST-ZIP | | | | ☐ DELETE | | HY-S | 1-ZIP | | Change | Addition | |
| TITLE | | | | □ Macit | 6.17 | | | | E charge | L.J Addition | |
| NAME CTREET APPROVES | | | | | 6.2 N | MMF. | | | | | |

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 suppliemental 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. ARLEEN F HARRIS