FILED

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F74648**

1. Corporation Name

A-1 SALES, SERVICE & SALVAGE, INC.

										ARRI BIBLI IBBI	
Principal Place of Business Mailing Address							VIDE 1111 1507 01510 0711				
% HAL G. HILL.		% HAL G. HILL. ESO. 3044 JOE JOHNS RD									
3044 JOE JOHN MIDDLEBURG FI		MIDDLEBURG FL 32068			1	DO NOT WRITE IN THIS SPACE					
MICOLEGOTOTT	. 02000					3. Da	ate Incorporated or Qualife	d			
						04	1/01/1982				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FE	l Number		Ar	pplied For		
21		26	26			59	-2195785		N/	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				ertifcate of Status Desired	X		Additional	
22		27	27			5. 0	ertificate of Status Desired	,A	Fee Re	equired`	
City & State	e	City & State	City & State			6. El	ection Campaign Financin	g 🗆	\$5.00	May Be	
23		28			Tr	ust Fund Contribution		Added	to Fees		
Zip	Country	Zip Country			8. Th	nis corporation owes the co	urrent year Ir	ntangible			
24	25	29	30	0			ersonal Property Tax.		☐ Yes	No	
	9. Name and Address of Currer	nt Registered Agent				10. N	ame and Address of Nev	v Registered	1 Agent		
				81	Name					1	
HILL,	HAL G., ESQ.		-	82	Street A	ddress (P.O.	. Box Number is Not Acce	ptable)			
3044	JOE JOHNS RD					0. 1) 000100	uless (F.O. Box Number is Not Acceptable)				
MIDD	DLEBURG FL 32068			83				•			
				24					. 85 Zip	Code	
				84	City			F		Code	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was at	Jthorized	DV U	-named control	orporation si ation's boar	ubmits this statement for to d of directors. I hereby acc	he purpose o cept the appo	of changing its ointment as re	registered . egistered	
SIGNATURE											
01010110112	Signature, typed or printed name of registered age			Agent	signature req	uired when reins		DATE	ND DIDEOT	050 IN 40	
12.		ND DIRECTORS	13.			AD	DITIONS/CHANGES TO	OFFICERS A	Change		
TITLE	STD	☐ DELETE	1.1 TITLE						Change		
NAME	HILL, JANET T.		1.2 NA	_	-		44 11 C-# A.1.10	ROAD		ţ	
STREET ADDRESS	3044 JOE JOHNS ROAD		1.3 ST	REET	ADDRESS	4044	MUSTANG			1	
CITY-ST-ZIP	MIDDLEBURG FL		1.4 CF	Y-ST-	- ZIP				F**1.01		
TITLE	VD	☐ DELETE	· 2.1 TIT	LE	ĺ				Change	☐ Addition	
NAME	HILL, JOHN F.		2.2 NAME								
STREET ADDRESS	3026 JOE JOHNS RD		2.3 STRE		ADDRESS					ļ	
CITY-ST-ZIP	MIDDLEBURG FL		2. 4 CITY-		r- ZIP						
TITLE	PD	☐ DELETÉ	3.1 TFI	LE					Change	☐ Addition	
NAME	HILL, HAL "G"		3.2 NAME							'n	
STREET ADDRESS	3044 JOE JOHNS RD		3.3 STREE		ADDRESS						
CITY-ST-ZIP	MIDDLEBURG FL		3.4. CITY-		r-zip						
TITLE		☐ DELETE	4.1 TITLE		T				☐ Change	☐ Addition	
NAME			4. 2 NAME		}					}	
STREET ADDRESS			4.3 STRE		ADDRESS						
CITY-ST-ZIP			4.4 CITY-		- ZIP	_					
TITLE		☐ DELETE	5.1 TI						☐ Change	☐ Addition	
NAME			5.2 NAME				•			}	
STREET ADDRESS			5.3 81	REET	ADDRESS					ļ	
CITY-ST-ZIP			5.4 CITY-		-ZIP						
TITLE		☐ DELETE	6.1 TI	ΠE					☐ Change	Addition	
NAME			6.2 NA	ME							
STREET ADDRESS			6.3 ST	REET.	ADDRESS					ļ	

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 of 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 of an attactment with an appears, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP