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03-02-1999 90041 049 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F89797

1. Corporation Name

LOZIER AND PIERCE AUTOMOTIVE SALVAGE, INC.

Principal Place of Business

14492 U.S. 1 NORTH
JACKSONVILLE FL 32219

Mailing Address

14492 U.S. 1 NORTH
JACKSONVILLE FL 32219

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1982

4. FEI Number

59-2203040

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 14492-U.S.-1-North

Suite, Apt. #, etc.

22 - - - - -

City & State

23 Jacksonville, FL.

Zip

24 32219

Country

25 Duval

2a. Mailing Address

26 14492-U.S.-1-North

Suite, Apt. #, etc.

27 - - - - -

City & State

28 Jacksonville, FL.

Zip

29 32219

Country

30 Duval

9. Name and Address of Current Registered Agent

ROBINSON, MARY A
1 INDEPENDENT DRIVE
SUITE 2600
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name JERRY S. FOLEY, III

82 Street Address (P.O. Box Number is Not Acceptable)
14492-U.S.-1-North

83

84 City Jacksonville

FL

85 Zip Code

32219

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

Jerry S. Foley, III President 1/21/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME FOLEY, JERRY S III
STREET ADDRESS 14492 U.S. 1 NORTH
CITY-ST-ZIP JACKSONVILLE FL 32219

TITLE STD ☐ DELETE

NAME NELLIS, RICHARD
STREET ADDRESS 14492 U.S. 1 NORTH
CITY-ST-ZIP JACKSONVILLE FL 32219

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Jerry S. Foley, III Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99 904-765 5571

Date

Daytime Phone #

CR2E034 (11/98)