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

CITY - ST - ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 21 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (2)H23637 HAWKINS AUTO WRECKING CO., INC. Principal Place of Business Mailing Address 510 E. 23RD STREET 510 E. 23RD STREET PANAMA CITY FL 32405 PANAMA CITY FL 32405 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 10/01/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2445394 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zìp Country Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HAWKINS, FRANKIE G. 510 E 23RD STREET 82 Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY 32405-2308 83 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Addition TITLE 1.1 TITLE Change HAWKINS, FRANKIE G. NAME 1.2 NAME 510 E. 23RD ST. STREET ADDRESS 1.3 STREET ADORESS PANAMA CITY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE Change 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-7IP CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address SIGNATURE: FAN

5.4 CITY-ST-ZIP

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

Change

Addition

6.1 TITLE

6.2 NAME

DELETE