FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K14870** **(5)**

1. Corporation Name

ACE SALVAGE, INC.

Principal Place of Business	Mailing Address
HWY. 90 MIDWAY MIDWAY FL 32343	P.O. BOX 496 MIDWAY FL 32343

3. Date Incorporated or Qualified: 02/15/1988	3a. Date of Last Report: 03/02/1995
4. FEI Number: 59-2879351	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. **Name and Address of Current Registered Agent**

PASSETT, JOHN
3070 SHARER RD.
TALLAHASSEE FL 32310

10. **Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PASSETT, JOHN		1.2 NAME		
STREET ADDRESS	3077 SHARER STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSE FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	KENT, GARY		2.2 NAME		
STREET ADDRESS	VILLA LANE P.O BOX 496		2.3 STREET ADDRESS		
CITY-ST-ZIP	HAVANA FL 32333		2.4 CITY-ST-ZIP	Mailing Midway, FL 32343	
TITLE	ST	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	KENT, JOY		3.2 NAME		
STREET ADDRESS	VILLA LANE P.O. BOX 496		3.3 STREET ADDRESS		
CITY-ST-ZIP	HAVANA FL 32333		3.4 CITY-ST-ZIP	Mailing Midway, FL 32343	
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SANDY PASSETT		4.2 NAME		
STREET ADDRESS	4020 ELDER LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RONNIE HAMILTON		5.2 NAME		
STREET ADDRESS	2349 MOON LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32343		5.4 CITY-ST-ZIP		
TITLE	VP	☑ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ANDREW FIREND		6.2 NAME		
STREET ADDRESS	1905 AMANDA DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Joy P. Kent 1-31-96 904-574-1364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)