FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9:44

DOCUMENT # **K65661** **(6)**

1. Corporation Name
TOMMY'S SURPLUS & SALVAGE, INC.

Principal Place of Business	Mailing Address
2819 LENOX AVE JACKSONVILLE FL 32205	2819 LENOX AVE JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/08/1989**
3a. Date of Last Report: **04/06/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24):
Country (25):
Zip (29):
Country (30):

4. FEI Number: **59-2930204** ☐ 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

9. Name and Address of Current Registered Agent

WISE, PATSY LEE
2819 LENOX AVENUE
JACKSONVILLE FL 32205

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
(Signature of new registered agent, if changed) (Date) (Signature of new registered agent, if changed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	PD	☐ Change ☐ Addition
NAME	WISE, TOMMY	
STREET ADDRESS	2819 LENOX AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	☐ Change ☐ Addition
NAME	WISE, PATSY LEE	
STREET ADDRESS	2819 LENOX AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 if changed, or on an attachment with an asterisk.

SIGNATURE: Tommy Wise **1-12-95** 904 388-0138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0020662 CP