

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K86920 (1)

1. Corporation Name

MATS AUTO SALVAGE, INC.



Principal Place of Business

P. O. BOX 7344
HUDSON FL 34667-7344
US

Mailing Address

P. O. BOX 7344
HUDSON FL 34667-7344
US

2. Principal Place of Business

21 16101 PLATINUM DRIVE

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 SPRING HILL, FL

24 Zip 34610 25 Country USA

27 City & State

28 Zip 34674 30 Country US

9. Name and Address of Current Registered Agent

KLIMIS, GEORGE N.
% THORNTON & TORRENCE, P.A.
6645 RIDGE RD, STE 1
PORT RICHEY FL 34668

3. Date Incorporated or Qualified

05/10/1989

3a. Date of Last Report

04/27/1995

4. FEI Number

59-2949406

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

10. Name and Address of New Registered Agent

81 Name THEODORE J. SUPER

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

83 12021 HICKS ROAD

84 City HUDSON

FL 85 Zip Code 34669

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 607.0506, Florida Statutes.

SIGNATURE: Theodore J. Super PSTD

Signature, typed or printed name of registered agent and the filer, please

(PST) Registered Agent signature required when replacing

April 9, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME SUPER, THEODORE J
STREET ADDRESS 12021 HICKS RD
CITY-ST-ZIP HUDSON FL

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
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5. TITLE
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99. STREET ADDRESS
100. 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)(k), 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.

SIGNATURE: Theodore J. Super THEODORE J. SUPER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

DATE

(813) 868-8526

DATE & PHONE #

CR2E034 (12/95)