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 MAY -1 AM 11:23

DOCUMENT # **L37244** **(5)**

1. Current Name
AA AUTO SALVAGE INC.

Principal Place of Business
AA AUTO SALVAGE, INC
RT. 1, BOX 199
NICEVILLE FL 32578

Mailing Address
AA AUTO SALVAGE, INC.
RT. 1, BOX 199
NICEVILLE FL 32578

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 12/19/1989
3a. Date of Last Report: 07/05/1994

2. Principal Place of Business
21
2a. Mailing Address
26

4. FEI Number: 59-2987408 — Applied For ☐ Not Applicable ☐

Suite, Apt. # or Bldg.
22
Suite, Apt. # or Bldg.
27

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State
23
City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip
24
County
25
Zip
29
County
30

8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

RUNGE, BOBBY G.
HIGHWAY 20 EAST
NICEVILLE FL FL 32578

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 607.0505 and 607.1608, Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUNGE, BOBBY G.
STREET ADDRESS	195 G JOHN SIMS PKWY.
CITY, ST, ZIP	VALPARAISO FL
TITLE	D
NAME	RUNGE, MARK H.
STREET ADDRESS	195 G JOHN SIMS PKWY.
CITY, ST, ZIP	VALPARAISO FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

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	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

REMITTED BY MAY 1

14. I hereby certify that the information supplied with this document is true and correct and that I am qualified for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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 a director or officer of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attached exhibit, as one of its officers and/or directors.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-95 (904)892-3256
Date Phone #

0391861 CP