FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002402 (5)

1. Corporation Name

JACKSONVILLE WRECKER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7563 PHILLIPS HWY SUITE 212 JACKSONVILLE FL 32256	7563 PHILLIPS HWY SUITE 212 JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/12/1994
3a. Date of Last Report:
4. FEI Number: 59-2679769 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LOVELESS, GARY W
7563 PHILLIPS HWY
SUITE 212
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name: Gary W. Loveless
82 Street Address (P.O. Box Number is Not Acceptable): 600 WHARFSIDE WAY
83: THE RIVER WALK
84 City: Jacksonville FL 85 Zip Code: 32207

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: Gary W. Loveless Executive Vice President (4/30/95)
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SCHEIDER, LEWIS H	12 NAME	
STREET ADDRESS	2109 MARTIN ST	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, ALLEN	22 NAME	
STREET ADDRESS	2934 PHILLIPS HWY	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CRAWFORD, KENNY	32 NAME	
STREET ADDRESS	9032 NEW KINGS RD	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32219	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	GOODING, CATHY	42 NAME	
STREET ADDRESS	2934 PHILLIPS HWY	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	GAINEY, RANDY	52 NAME	
STREET ADDRESS	8512 HERLONG RD	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, STEVE	62 NAME	
STREET ADDRESS	4530 LENOX AVE	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lewis H. Scheider Lewis H. Scheider 4/7/95 904-398-6229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026480