2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002402

1. Entity Name

JACKSONVILLE WRECKER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1882 DUNN AVENUE JACKSONVILLE FL 32218 US	1882 DUNN AVENUE JACKSONVILLE FL 32218 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *7405 Philips Hwy*	3. Mailing Address *7405 Philips Hwy*
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State *Jacksonville Florida*	City & State *Jacksonville Florida*
Zip *32256*	Country	Zip *32256*	Country

4. FEI Number 59-2679709 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, RICHARD
1882 DUNN AVENUE
****
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

Name *ADKISON, Donald M.*

Street Address (P.O. Box Number is Not Acceptable)
7405 Philips Hwy

City *Jacksonville*   **FL**   Zip Code *32256*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _[signature]_   *Donald M. Adkison*   *9/5/02*
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

After September 13, 2002, min. will be $236.25.	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME WILSON, RICHARD STREET ADDRESS 1882 DUNN AVENUE CITY-ST-ZIP JACKSONVILLE FL 32218	☒ Delete	TITLE VP NAME *WILSON Richard* STREET ADDRESS *1882 DUNN AVE* CITY-ST-ZIP *Jacksonville, FLA 32218*	☒ Change ☐ Addition
TITLE D NAME BAILEY, ROBERT E STREET ADDRESS 7600 BAILEY BODY RD CITY-ST-ZIP JACKSONVILLE FL 32218	☐ Delete	TITLE P NAME *ADKISON, Donald M.* STREET ADDRESS *7405 Philips Hwy* CITY-ST-ZIP *Jacksonville FL*	☐ Change ☒ Addition
TITLE TS NAME CRAWFORD, KENNY STREET ADDRESS 9032 NEW KINGS RD CITY-ST-ZIP JACKSONVILLE FL	☐ Delete	TITLE TS NAME *SERRANO, VANICE I* STREET ADDRESS *10053 103rd St* CITY-ST-ZIP *Jacksonville FL*	☐ Change ☒ Addition
TITLE VP NAME ROZIER, KEN STREET ADDRESS 2934 PHILLIPS HWY CITY-ST-ZIP JACKSONVILLE FL	☐ Delete	TITLE P NAME *ROZIER, KEN* STREET ADDRESS *2934 Phillips Hwy* CITY-ST-ZIP *Jacksonville FL*	☒ Change ☐ Addition
TITLE D NAME SCHEIDER, LEWIS STREET ADDRESS 2109 MARTIN ST CITY-ST-ZIP JACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (4/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _[signature]_   *Donald M. Adkison*   *9/5/02*   (904)260-3000