

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90023 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P23137
 1. Corporation Name
T & H SALES & SALVAGE, INC.

Principal Place of Business PO BOX 276 PAVO GA 31778	Mailing Address PO BOX 276 PAVO GA 31778
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/24/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-1820924	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TAYLOR, CECIL 1310 DIXON STREET LAKELAND FL 33802				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAYLOR, LUCIOUS M., JR.			1.2 NAME	Taylor, Lucious M., Jr.		
STREET ADDRESS	206 SYCAMORE ST.			1.3 STREET ADDRESS	1096 Sycamore Street		
CITY-ST-ZIP	PAVO GA			1.4 CITY-ST-ZIP	Pavo, Georgia 31778		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HART, JAMES H.			2.2 NAME	Hart, James H.		
STREET ADDRESS	309 SYCAMORE ST			2.3 STREET ADDRESS	2063 Sycamore Street		
CITY-ST-ZIP	PAVO GA			2.4 CITY-ST-ZIP	Pavo, Georgia 31778		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAYLOR, WINONA Y.			3.2 NAME	Taylor, Winona Y.		
STREET ADDRESS	P O BOX 276 NA			3.3 STREET ADDRESS	1096 Sycamore Street		
CITY-ST-ZIP	PAVO GA			3.4 CITY-ST-ZIP	Pavo, Georgia 31778		
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HART, JANICE Y.			4.2 NAME	Hart, Janice Y.		
STREET ADDRESS	309 SYCAMORE ST			4.3 STREET ADDRESS	2063 Sycamore Street		
CITY-ST-ZIP	PAVO GA			4.4 CITY-ST-ZIP	Pavo, Georgia 31778		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: Winona Taylor WINONA Taylor, Sec 1-22-99 912-859-2643
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)