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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P93000078457 (7) AL-T'S AUTO SALVAGE, INC.							
Principal Place	of Business	Mailing Address	ing Address			1 80143 88411 18861 18 611 8 17	.001 01111 (\$86 LD)E
7065 MOBILE HWY. PENSACOLA FL 32526		7065 MOBILE HWY. PENSACOLA FL 32526					
					3. Date Incorporated or Qualified	3a. Date of Last F	Report
2. Principal Pla	non of Business	I Washington was the c			11/08/1993	04/28/19	
	cipal Place of Business 2a. Mailing Address 26				4. FET Number 59-3140523	⊦ →	Applied For Not Applicable
	uite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	···	5 Additional
22 Cit : 8 State		[27]	······································		b. Certificate of Status Desired	1 1	Required
City & State 23		City & State	28		6. Election Campaign Financing Trust Fund Contribution		00 May Be
<u>Ζ</u> φ	Country	Zip	Country		This corporation has liability for in		ed to Fees s 199.032,
24	g. Name and Address of Currer	29	[30]		Florida Statutes 🔀 Yes		
	g. Name and Address of Currer	it negistered Agent	81	Name	10. Name and Address of New Ro	egistered Agent	
C. JOSE	EPH SCARBOROUGH, P.A.		52	Ctroot Addr	one /P.O. Box Number is Not Acceptable	<u> </u>	
15 WEST LARUA ST.				82 Street Address (P.O. Box Number is Not Acceptable)			
PENSAC	COLA FL 32501		83				
			84	City		FL 85 Z	lip Code
11. Pursuant to	a the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the above na	med corpori	ation submits this statement for the purp d of directors. Thereby accept the appo	uose of changing its	registered office
or registere familiar witi	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	da. Such charige was authori, ion 607.0505, Florida Statute:	zed by the corpor s.	ation's boar	d of directors. Thereby accept the appo	intment as registered	d agent. I am
SIGNATURE,							
12.	Signature: typed or printed name of registered agent OFFICERS AN		OTE: Registered Agent's 13.	signatine terzones	ADDITIONS/CHANGES TO OFFICE	CA'E	ORS IN 12
T LE	PD	☐ DELETE	1 1 TUTLE		· - · · · · · · · · · · · · · · · ·	IF1 Cnanne	Add tion
NAME	MATTSON, THERESA		1.2 NAME	l R	ODDY, ALAN G. OLS MOBILE HWY ENSACOLA FL 325		
STREET ADDRESS	7065 MOBILE HWY.		13 STREET A	ODRESS 7	065 MOBILE HWY.		
CITY - ST - ZIF	PENSACOLA FL 32526	E2 or en	14 CHY-ST-	717 1	ENSACOLAFL 325	26	
TIPLE NAME	VD DODDY ALANIC	[] DELETE	2 1 1171.6	1 4		K) Change	☐ Addition
STREET ADDRESS	RODDY, ALAN G 7065 MOBILE HWY.		2.2 NAME	oppror DA	ATTSON, THERESAM		
0/1Y-S1-2/P	PENSACOLA FL 32526		2 3 STREET AL 2 4 CITY-ST-	30 8	OLS MOBICE HWY ENSACOLA, FC 325	2L	
TOLF	TENORIOEST TE GEGEG	DELETE	3 1 TITLE		NSACOLA, IC 33	☐ Change	Addition
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CITY+ST-ZIP			3 4 CHY-S1-	Zif			
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NAM:			5.2 NAME				ĺ
STREET ADDRESS			53 STHEET AC				
CDY-ST-ZIP TITLE		☐ DELETE	5.4 CHIY - ST -	715			
NAME		☐ DELFIE	6 1 1171.6			☐ Change	Addition
STREET ADDRESS			6.2 NAME	apares			1
CITY-ST-ZIP			63 STREET AC				
14. I do hereby	certify that the information supplied the information indicated on this arrow	with this filing is voluntarily fun	640-fr-St- hished and does r	er <u>1</u> not qualify fo	r the exemption stated in Section 119.0	17(3)(k), Florida Statu	iles. 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: The same of signing officer or DIRESA MATTSON 03 AFR 96 904 944-5006