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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000078457 (7)

AL-T'S AUTO SALVAGE, INC.

FILED Mar 12 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				T (MANICAL LIA INICA LINI SONII CONI CONIN CONIN CONIN CONTRA SONI CONTRA SONI CONTRA SONI CONTRA CO	
7065 MOBILE HWY. 7065 MOBILE HWY.					
PENSACOLA	FL 32526	PENSACOLA FL 32526	PENSACOLA FL 32526		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					11/08/1993
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21		26]			59-3140523 Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.	• • • • • • • • • • • • • • • • • • •		5. Certificate of Status Desired S8.75 Additional
22		27	27		5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution
Z _{IP}	Country	Zφ	Cou	ntry	This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Curr	[29]	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
				81 Name	10. Name and Address of New Registered Agent
O. JOOEPH GOARDONGOON, F.A.				Mairie	
15 WEST LARUA ST.				82 Street A	Address (P.O. Box Number is Not Acceptable)
PENSACOLA FL 32501			l	83	
			i	84 City	FL 85 Zip Code
44 Durauant	to the provisions of Sections 607.06	O2 and CO2 1EOR Florido Ctate	tor the of	vous pomod i	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named cooffice or registered agent, or both, in the State of Florida Such change was authorized by the corporagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 					corporation's confine this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. La	im familiar with, and accept the obli	igations of, Section 607.0505, F	lorida Stat	utes.	
SIGNATURE	Signature, lypnd or prioted name of tegratered r	noent and blin if annie able (NC)	HF: Benisterer	Agont signature	required when reinstating) DATE
12.		ND DIRECTORS	13.	- Agork organization	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 70		P Change Addition
NAME	MATTSON, THERESA		1.2 NA	ME (ALAN RCDDY
STREET ADDRESS	7065 MOBILE HWY.		1,3 ST	REET ADDRESS	7015 MOBILE HWY
CITY-ST-ZIP	PENSACOLA FL		1,4 CI	Y-ST-ZIP	PENSACCIA, FL 3252 6
TITLE	V	☐ DELET€	2.1 TIT	ιE	Change ☐ Addition
NAME	RODDY, ALAN G		2.2 NA	ME (THERESA MATTERN
STREET ADDRESS	7085 MOBILE HWY.		23 ST	REET ADDRESS	7065 McBILE HUY
CITY-ST-ZIP	PENSACOLA FL		2. 4 C	TY-ST-ZIP	PENSALON FO 72526
TITLE		☐ DELETE	3.1 TIT	LE	☐ Change ☐ Addition
NAME			3.2 NA	ME	
STREET ADORESS			3.3 ST	REET ADDRESS	
CITY-ST-ZIP				TY-ST-ZIP	
TITLE		[_] DELETE	4110	1	Change Addition
NAME			4. 2 N		
STREET ADDRESS			4.3 \$T	reet address	
CITY-ST-ZIP				Y-ST-ZIP	
TITLE		[]] DELETE	5.1 TIT	1	Change Addition
NAME			5.2 NA		
STREET ADDRESS			· ·	REET ADDRESS	•
CITY-ST-ZIP		T Briese		Y-ST-ZIP	
TITLE		DELETE	6.1 Til		Change Addition
NAME			6.2 NA		
STREET ADDRESS				REET ADDRESS	
CITY-ST-ZIP			6.4 CI	Y-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 arrival 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 attractment with an address.

SIGNATURE: ブグ