

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000056800 (3)**

1. Corporation Name

SANDY RIDGE AUTO SALVAGE, INC.



Principal Place of Business

**3685 N. U.S. 1
FT. PIERCE FL 34946**

Mailing Address

**3685 N. U.S. 1
FT. PIERCE FL 34946**

3. Date Incorporated or Qualified
08/01/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0513776

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**MINDICK, DAVID L
3685 NORTH HIGHWAY, U.S. #1
FT. PIERCE FL 34946**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, type for private name of registered agent, if not applicable

Signature, type for private name of registered agent, if not applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **MINDICK, DAVID L**
STREET ADDRESS **3030 NE 49TH ST.**
CITY-STATE-ZIP **FT. LAUDERDALE FL 33308**

TITLE **T** ☐ DELETE
NAME **FLIEGELMAN, WILLIAM**
STREET ADDRESS **6800 JARDIN PLACE**
CITY-STATE-ZIP **BOCA RATON FL 33433**

TITLE **C** ☒ DELETE
NAME **PIZZA, JOHN**
STREET ADDRESS **1173 BUSH ST.**
CITY-STATE-ZIP **BRIDGEPORT PA 19405**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CHRISTOPHER EPLIN** ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS **5508 SHORT ST**

1.4 CITY-STATE-ZIP **White City, FL. 34980**

2.1 TITLE **Pres** ☒ Change ☐ Addition

2.2 NAME **David L. Mindick**

2.3 STREET ADDRESS **3685 N. U.S. 1**

2.4 CITY-STATE-ZIP **Fort Pierce FL 34946**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(k) Florida Statutes. I further certify 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:

David L. Mindick

4/18/96 407-595-3009

CR2E034 (12/95)