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 # **P95000030027 (3)**

1. Corporation Name
AUTO RECOVERY OF FT. MYERS INC.

Principal Place of Business
1145 MAIN STREET
FT. MYERS BEACH FL 33931

Mailing Address
1145 MAIN STREET
FT. MYERS BEACH FL 33931

3. Date Incorporated or Qualified: **04/18/1995**
3a. Date of Last Report:

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip: 24: Country: 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip: 29: Country: 30:

4. FEI Number: ☐ 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

9. Name and Address of Current Registered Agent

WADDELL, KEN
2649 ELECTRONICS WAY
W. PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81 Name: SANDRA G. MCCOY
82 Street Address (P.O. Box Number is Not Acceptable): 2649 ELECTRONICS WAY
83:
84 City: WPB, FL 85 Zip Code: 33407

11. Pursuant to the provisions of Sections 607.0402 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: Sandra G. McCoy — DATE:

12. OFFICERS AND DIRECTORS

TITLE: PDT
NAME: MCCOY, CHRIS
STREET ADDRESS: 4055 GEM LAKE DRIVE
CITY-ST-ZIP: WEST PALM BEACH FL 33406
☒ DELETE

TITLE: SD
NAME: NASWORTHY, KATHLEEN A
STREET ADDRESS: 948 SELKIRK ST.
CITY-ST-ZIP: WEST PALM BEACH FL 33405
☒ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: PDT
12 NAME: Strickland, Aubrey E.
13 STREET ADDRESS: P.O. Box 395
14 CITY-ST-ZIP: Loxahatchee, FL 33470
☒ Change ☐ Addition

21 TITLE: VP
22 NAME: McPhee, Scott A.
23 STREET ADDRESS: 3847 Heather Dr. E.
24 CITY-ST-ZIP: Green Acres, FL 33463
☐ Change ☒ Addition

31 TITLE: SD
32 NAME: Krautheim, Jay P.
33 STREET ADDRESS: 815 Victoria Drive No. 210
34 CITY-ST-ZIP: Cape Coral, FL 33904
☒ Change ☐ Addition

41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP
☐ Change ☐ Addition

51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP
☐ Change ☐ Addition

61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP
☐ Change ☐ Addition

CR2E034 (12/95)

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 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: Aubrey E. Strickland — 2-2-96 — (407) 820-9737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #