

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

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **P96000029633 (0)**

1. Corporation Name

**PRICE CUTTER SALVAGE LIQUIDATORS COMPANY**



Principal Place of Business

Mailing Address

**11440 METRO PARKWAY  
FORT MYERS FL 33912**

**11440 METRO PARKWAY  
FORT MYERS FL 33912**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/03/1996</b>	
21	<b>3550 L'VILLE - SUWANEE RD.</b>	26	<b>3550 L'VILLE - SUWANEE RD.</b>	4. FEI Number <b>65-0640812</b>	Applied For <input type="checkbox"/> Not Applicable
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
22	<b>STE. 103</b>	27	<b>STE 103</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
	City & State		City & State	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23	<b>SUWANEE, GA</b>	28	<b>SUWANEE, GA</b>	10. Name and Address of New Registered Agent	
	Zip		Zip		
24	<b>30024</b>	29	<b>30024</b>		
	Country		Country		

9. Name and Address of Current Registered Agent

**BUTLER, GAREY F  
1625 HENDRY STREET  
SUITE 301  
FORT MYERS FL 33901**

81. Name

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

83.

84. City

**FL**

85. Zip Code

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, typed or printed name of registered agent and title, if applicable

(Name, 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LYNCH, TIMOTHY T</b>		1.2 NAME		
STREET ADDRESS	<b>11440 METRO PARKWAY</b>		1.3 STREET ADDRESS	<b>3550 L'VILLE - SUWANEE RD.</b>	
CITY-ST-ZIP	<b>FORT MYERS FL</b>		1.4 CITY-ST-ZIP	<b>SUWANEE, GA 30024</b>	
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ROHTON, DON</b>		2.2 NAME	<b>RHOTON, DON</b>	
STREET ADDRESS	<b>11440 METRO PKWY</b>		2.3 STREET ADDRESS	<b>3550 L'VILLE - SUWANEE RD.</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>		2.4 CITY-ST-ZIP	<b>SUWANEE, GA 30024</b>	
TITLE	VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>VAUGHN, TODD</b>		3.2 NAME		
STREET ADDRESS	<b>11440 METRO PKWY</b>		3.3 STREET ADDRESS	<b>3550 L'VILLE - SUWANEE RD.</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>		3.4 CITY-ST-ZIP	<b>SUWANEE, GA 30024</b>	
TITLE	ST	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>VAN NOY, APRIL</b>		4.2 NAME		
STREET ADDRESS	<b>11440 METRO PKWY</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>FT. MYERS FL</b>		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			5.2 NAME	<b>ST</b>	
STREET ADDRESS			5.3 STREET ADDRESS	<b>DINALEDINE, KATHERINE</b>	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<b>3550 L'VILLE - SUWANEE RD.</b>	
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 supplement to an 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 its 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:

**Timothy T. Lynch** 4-29-98 1770-831-0898

CR2E034 (10/97)