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

P97000002433 (5) DOCUMENT #

A AND M AUTO SALVAGE, INC.

FILED Apr 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1 100 tin 100 tin 100 ti 00 til 00 ti	18 11911 B1846 II	IIWW 1141 14807
S. HWY 100 Route 3. Box 1545 Starke Fl 32091		ROUTE 3. BOX 1545 STARKE FL 32091			DO NOT WRITE IN THIS SPACE			
						 Date Incorporated or Qualified 01/09/1997 		
 i	lace of Business	2a, Mailing Address				4, FEI Number 59-3417406		pplied For
21			26			S8.75 Additional		
Suite, Apt.	#, 0 1C.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & State		City & State				Station Open also Classics		
City & State	3		h			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23 Zip	Country	28 Zip	Coi	untry		This corporation owes or has paid the cu		
24	25	29	30	,] No
24]	g Name and Address of Cure		190	Τ		10. Name and Address of New Registered		
MY	ERS, MICHAEL	<u> </u>		81	Name		· · · · · · · · · · · · · · · · · · ·	
	HWY 100				0	(D.O. B. Marsharia Ned Accounts high		
ROUTÉ 3, BOX 1545				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
STARKE FL 32091				83		10.000		
017				84	City		85 Zip	Code
					•	<u> </u>	.	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida State	utes, the a	bove	e-named corp	poration submits this statement for the purpose cition's board of directors. I hereby accept the ap	if changing i	ts registered
agent. I a	egistered agent, or both, in the Sta m familiar with, find accept the ob	ligations of, Section 607.0505, I	s autionze Florida Sta	tutes	trie corporat	norts board of directors. Thereby accept the ap		NO SISTERIOR
SIGNATURE	Shinature, typied or british displayer of registered	ager Land at ent applicable (Ni	\mathcal{U}^{IC}	Ω	almi	JOS, HESIDENT 4 When re-installing) DATE	Holo	18
12.		AND DIRECTORS	13.	- Criga	- Ugraloro roqui	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	PTO	DELETE	1.1 T	ITLE		7,0011101101011111111111111111111111111	Change	☐ Addition
NAME	MYERS, MICHAEL	_	1.2 N	AME				
STREET ADDRESS	8. HWY 100, ROUTE 3, BO	X 1545	138	TREET	ADDRESS			
CITY-ST-ZIP	STARKE FL 32091				iT-ZIP			
TITLE	VD	DELETE	2.1 T	···	··		Change	Addition
NAME	NICHOLS, ALBERT JR.	_	2.2 N					
	6. HWY 100, ROUTE 3, BO)X 1545			ADDRESS			
STREET ADDRESS	STARKE FL 32091				ST-ZIP			
CITY-ST-ZIP TITLE	8 D	DELETE	3.1 \		31-21		Change	Addition
	NICHOLS, CANDY	_ Section	3.1 t					
NAME OTOTET ADDDESS	\$. HWY 100, ROUTE 3, BO	X 1545			ADDRESS			
STREET ADDRESS	STARKE FL 32091	/N 1414						
CITY-ST-ZIP	GIVING IF OFOR	DELETE	3.4.0 4.1 T		S1-ZIP		Change	Addition
TITLE		ال عديداد					- Augusta	
NAME				NAME	1000000			
STREET ADDRESS					ADDRESS			
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TITLE		☐ DELETE	5.1 T					AOOMOII
NAME			5.2 h					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	<u> </u>				ST - ZIP		C] Ober ==	Addition
TITLE		DELETE	6.13	ULE			Change	☐ Addilion
NAME			6.2 N	IAME				
STREET ADDRESS			6.3 9	TREET	ADDRESS			
PITY - ST - 71P			640	uty. S	t-71P			

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 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, 4r on an attachment with an address.