

0395249



DIVISION OF CORPORATIONS

FILED

00 JAN 27 PM 12: 10

BOHANNON'S SALVAGE, INC.

9850 E BROADWAY
TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

04/15/1998

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 owes the current year Intangible
Personal Property Tax. ☐ Yes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLS, FREDERICK J
MORRISON, MORRISON & MILLS, P.A.
1200 W PLATT ST, SUITE 100
TAMPA FL 33606

81	Name
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82	Street Address (P.O. Box Number is Not Acceptable)
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83

84	City
----	------

FL

85	Zip Code
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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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	BOHANNON, ALICE	
STREET ADDRESS	9850 E BROADWAY	
CITY-ST-ZIP	TAMPA FL 33619	

TITLE	VTD	<input type="checkbox"/> DELETE
NAME	BOHANNON, SAMUEL	
STREET ADDRESS	9850 E BROADWAY	
CITY, ST, ZIP	TAMPA, FL 33619	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	10000311925--0
1.3 STREET ADDRESS	-02/01/00--01117--005
1.4 CITY, ST, ZIP	***750.00 ****750.00

1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	100003119251--0
2.3 STREET ADDRESS	-02/01/00--01117--006
2.4 CITY-ST-ZIP	***150.00 ***150.00

3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY, STATE, ZIP			

4.1 TITLE **DECLARATION STATEMENT** 99-00 ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

4.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			

6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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 any attachments with an address, with an other like empowered.

SIGNATURE:

[Signature] PSN

12/24/99 (813) 621-8367

CR2E034 (11/98)