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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **S12569** **(7)**

1. Corporation Name
GATOR AUTO SALVAGE & PARTS, INC.

Principal Place of Business	Mailing Address
711-A SOUTH 6TH AVE. WAUCHULA FL 33873 US	711-A SOUTH 6TH AVE. WAUCHULA FL 33873-3103 US

3. Date Incorporated or Qualified: 11/14/1990
3a. Date of Last Report: 06/18/1996

2. Principal Place of Business
21: 715 South 6th Ave
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: 715 South 6th Ave
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 65-0224313 ☐ 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
MUSHRUSH, LEROY
711-A SOUTH 6TH AVE.
WAUCHULA FL 33873

10. Name and Address of New Registered Agent
81 Name: LeRoy Mushrush
82 Street Address (P.O. Box Number is Not Acceptable): 715 South 6th Ave
83:
84 City: Wauchula FL 85 Zip Code: 33873

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	MUSHRUSH, PERRY S.		1.2 NAME		
STREET ADDRESS	POST OFFICE BOX 347 N/A		1.3 STREET ADDRESS	715 South 6th Ave	
CITY-ST-ZIP	ZOLFO SPRINGS FL		1.4 CITY-ST-ZIP	Wauchula Fla	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MUSHRUSH, LEROY		2.2 NAME		
STREET ADDRESS	ROUTE 1, BOX 203-D		2.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 an attachment with an address.

SIGNATURE: Perry S. Mushrush Sr. Pres 4/29/97