SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL -6 AM 8:21
SECRET... STATE
TALLAHA...EE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # S48911 (9)

1. Corporation Name
COPHER U-PULL-IT OF NORTH TAMPA, INC.

Principal Place of Business
5015 22ND STREET CAUSEWAY
~~TAMPA FL 33610-5010~~

Mailing Address
~~5015 22ND STREET CAUSEWAY~~
~~TAMPA FL 33610-5010~~

3. Date Incorporated or Qualified: 04/26/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26 PO BOX 1408
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27
City & State 23 TAMPA FL	City & State 28 TAMPA FL
Zip 24 33619 Country 25	Zip 29 33509 Country 30

4. FEI Number: 59-3178279 ☐ 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

SHAHEEN, L. JOSEPH JR., ESQ.
~~101 E. KENNEDY BLVD.~~
~~2700 BARNETT PLAZA~~
~~TAMPA FL 33602~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 501 EAST KENNEDY BLVD
83
84 City TAMPA FL 85 Zip Code 33602

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 ______

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: COPHER, RONALD STREET ADDRESS: 114 HICKORY CREEK RD. CITY-ST-ZIP: BRANDON FL	☐ Change ☐ Addition
TITLE: TSD NAME: COPHER, RICHARD STREET ADDRESS: 912 RIVER RAPIDS AVE. CITY-ST-ZIP: BRANDON FL	☐ Change ☐ Addition
TITLE: VP NAME: HUDSON, ERVIN STREET ADDRESS: 401 VALRICO-SEFFNER ROAD CITY-ST-ZIP: VALRICO FL	☐ Change ☐ Addition
TITLE: VP NAME: WAGNER, JAMES STREET ADDRESS: 1811 NOVA DRIVE CITY-ST-ZIP: VALRICO FL	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☒ Addition VP DENNIS W. GALENTINE 18317 CITATION STREET LUTZ FL 33549
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntary furnished and does not qualify for the exemption stated in Section 119.07(1)(a), 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: [signature] JAMES WAGNER 6/26/95 (813) 247-3171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

CR2E034 (3/95)

0100149 CP