

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 APR 28 AM 8:29**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # S59965 (1)**  
 1. Corporation Name  
**323 AUTO SALVAGE & REPAIRS, INC.**

**400001470164**  
**-05/01/95--01092--023**  
**\*\*\*\*\*200.00 \*\*\*\*\*200.00**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**RT 4 BOX 252 WILLISTON FL 32696** **RT 4 BOX 252 WILLISTON FL 32696**

3. Date Incorporated or Qualified **06/17/1991** 3a. Date of Last Report **04/08/1994**  
 4. FEI Number **59-3068838** 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. 198.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 **RT 4 Box 170** 26  
 Suite, Apt #, etc. Suite, Apt #, etc.  
 22 **RT 323 Intersecting RT 316** 27  
 City & State City & State  
 23 **Williston FL** 28  
 Zip Country Zip Country  
 24 **32696** 25 **Levy** 29 30

9. Name and Address of Current Registered Agent  
**PARKS, RAYMOND D.**  
**RT 4 BOX 252**  
~~RT 323 INTERSECTING AT RT. 316~~  
**WILLISTON FL 32696**

10. Name and Address of New Registered Agent  
 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) (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>DP</b>
NAME	<b>PARKS, RAYMOND D.</b>
STREET ADDRESS	<b>RT. 4 BOX 252</b>
CITY - ST - ZIP	<b>WILLISTON FL</b>
TITLE	<b>ST</b>
NAME	<b>PARKS, RAYMOND D.</b>
STREET ADDRESS	<b>RT. 4 BOX 252</b>
CITY - ST - ZIP	<b>WILLISTON FL</b>
TITLE	<b>D</b>
NAME	<b>PARKS, LOUISE T.</b>
STREET ADDRESS	<b>RT. 4 BOX 252</b>
CITY - ST - ZIP	<b>WILLISTON FL</b>
TITLE	<b>D</b>
NAME	<b>PARKS, DIANA M.</b>
STREET ADDRESS	<b>RT 4 BOX 252</b>
CITY - ST - ZIP	<b>WILLISTON FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Louise T Parks Louise T Parks 4/19/95 904 528 2914  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR