

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 26 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: **RT 4 BOX 252 RT. 323 INTERSECTING RT. 316 WILLISTON FL 32696**

Mailing Address: **RT 4 BOX 252 RT. 323 INTERSECTING RT. 316 WILLISTON FL 32696-9412**

3. Date Incorporated or Qualified: **06/17/1991**      3a. Date of Last Report: **05/01/1996**

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. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**

2a. Mailing Address: **26 591 NE 205<sup>th</sup> AVE**

22. Suite, Apt. #, etc.: **27**

23. City & State: **28 Williston FL**

24. Zip: **29 32696**      Country: **30 LEU Y**

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

**591 NE 205<sup>th</sup> AVE**

10. Name and Address of New Registered Agent

81 Name: \_\_\_\_\_

82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_

83 \_\_\_\_\_

84 City: \_\_\_\_\_      85 Zip Code: **FL**

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>DP</b> <input type="checkbox"/> DELETE	NAME: <b>PARKS, RAYMOND D.</b>	11 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>RT. 4 BOX 252</b>	CITY-ST-ZIP: <b>WILLISTON FL</b>	12 NAME: _____	13 STREET ADDRESS: <b>591 NE 205<sup>th</sup> AVE</b>
TITLE: <b>ST</b> <input type="checkbox"/> DELETE	NAME: <b>PARKS, RAYMOND D.</b>	14 CITY-ST-ZIP: <b>WILLISTON FL 32696</b>	21 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>RT. 4 BOX 252</b>	CITY-ST-ZIP: <b>WILLISTON FL</b>	22 NAME: _____	23 STREET ADDRESS: <b>591 NE 205<sup>th</sup> AVE</b>
TITLE: <b>D</b> <input type="checkbox"/> DELETE	NAME: <b>PARKS, LOUISE T.</b>	24 CITY-ST-ZIP: <b>WILLISTON FL 32696</b>	25 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>RT. 4 BOX 252</b>	CITY-ST-ZIP: <b>WILLISTON FL</b>	26 CITY-ST-ZIP: _____	27 STREET ADDRESS: <b>591 NE 205<sup>th</sup> AVE</b>
TITLE: <b>D</b> <input type="checkbox"/> DELETE	NAME: <b>PARKS, DIANA M.</b>	28 CITY-ST-ZIP: <b>WILLISTON FL 32696</b>	29 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>RT 4 BOX 252</b>	CITY-ST-ZIP: <b>WILLISTON FL</b>	30 CITY-ST-ZIP: _____	31 STREET ADDRESS: <b>591 NE 205<sup>th</sup> AVE</b>
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	32 CITY-ST-ZIP: _____	33 CITY-ST-ZIP: <b>WILLISTON FL 32696</b>
STREET ADDRESS: _____	CITY-ST-ZIP: _____	34 CITY-ST-ZIP: _____	35 STREET ADDRESS: <b>591 NE 205<sup>th</sup> AVE</b>
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	36 CITY-ST-ZIP: _____	37 CITY-ST-ZIP: <b>WILLISTON FL 32696</b>
STREET ADDRESS: _____	CITY-ST-ZIP: _____	38 CITY-ST-ZIP: _____	39 STREET ADDRESS: _____
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	39 CITY-ST-ZIP: _____	40 CITY-ST-ZIP: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	40 CITY-ST-ZIP: _____	41 STREET ADDRESS: _____

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 effective date of \_\_\_\_\_.

SIGNATURE: *Louise T. Parks*      3/23/97      352-828-2914  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)