

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

591 N.E. 205TH AVE.
WILLISTON FL 32696
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1991

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 **2870 NE 200TH AVE**

Suite, Apt. #, etc.

22 City & State

23 **Williston FL**

24 Zip

32696

25 Country

Levy

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

29 Zip

30

Country

30

9. Name and Address of Current Registered Agent

PARKS, RAYMOND D.

~~RT 4 BOX 252~~ **591 NE 205TH AVE**
WILLISTON FL 32696

Change by Post office (no location)

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **PARKS, RAYMOND D.**
STREET ADDRESS ~~591 N.E. 205TH AVE.~~
CITY - ST - ZIP **WILLISTON FL**

TITLE **ST** ☐ DELETE

NAME **PARKS, RAYMOND D.**
STREET ADDRESS **591 N.E. 205TH AVE.**
CITY - ST - ZIP **WILLISTON FL**

TITLE **D** ☐ DELETE

NAME **PARKS, LOUISE T.**
STREET ADDRESS **591 N.E. 205TH AVE.**
CITY - ST - ZIP **WILLISTON FL**

TITLE **D** ☐ DELETE

NAME **PARKS, DIANA M.**
STREET ADDRESS **591 N.E. 205TH AVE.**
CITY - ST - ZIP **WILLISTON FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

591 NE 205TH AVE
WILLISTON FL 32696

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 an attachment with an address.

SIGNATURE

Raymond D. Parks

352-411-1981
528 4062

CR2E034 (10/97)