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

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT	#
 Corporation Name 	

S88135

(6)

THE JUNK YARD INC.



Principal Place of Business Mailing Address							/IUI UIII UIUE)	***************************************	B1841 W1811 W1951 1891	
ROUTE 6. BOX 442 PALATKA FL 32177			ROUTE 6. BOX 442 PALATKA FL 32177							
							3. Date Incorporated or Qualified	3a. Dati	e of Last	Report
							10/17/1991	l	03/07	/1995
2. Principal Plac	ce of Business	2a.	Maling Address				4. FEI Number		Ľ	Applied For
21		26					59-3087707			Not Applicable
Suite, Apt. #	, etc.	27	Suite, Apt. #. etc.				5. Certificate of Status Desired			75 Additional e Required
City & State		28	Oty & State				Election Campaign Financing Trust Fund Contribution		•	00 May Be ded to Fees
Zip	Country		Zip Cour		intry		8. This corporation has liability for	ntangible t	ax under	s 199.032,
24	25	29	30				Florida Statutes 🔲 Yes 🗋 No			
1	9. Name and Address of Cur	rent Regis	tered Agent				10. Name and Address of New R	egistered	Agent	
					81	Name				
HOLLAND, DAVID ROUTE 6, BOX 442					82 Street Address (P.O. Box Number is Not Acceptable;					
	KA FL 32177				83					
					84	City		FL	_	Zip Code
or registere	o the provisions of Sections 607.0 ed agent, or both, in the State of F h, and accept the obligations of, S	londa Such	i change was authorizer	s, the abo d by the	ove r corp	named corpo oration's boa	ration submits this statement for the purific of directors. Thereby accept the app	pose of ch pointment as	anging its s register	s registered office ed agent. I am
SIGNATURE _	Signature, type-chair printed barra of registered a	jastandtinin	ngin at a same and the same at	Propriesso	1 Asjen	tsglatrene par	stweenerstate ji	DAJE		
12.	OFFICERS	and direc			13.		ADDITIONS/CHANGES TO OFF			
TITLE	PD		DELETE	1.11	1 1 TITLE				Chang	ge 🔲 Addition
NAME	BUCKLES, LEON			1.2 N	AME					
STREET ADDRESS	PO BOX 1198			1.3 \$	TREE F	ADORESS				
1	INTERNACIONAL CO			1	The C	1 7:0				

12.	OFFICERS AND DIFFE	CIORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1 1 TITLE	Change 🔲 Addition
NAME	BUCKLES, LEON		1.2 NAME	
STREET ADDRESS	PO BOX 1198		1.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL		1.4 CITY - ST - ZIP	
TITLE	ST	DELETE	2 1 TATLE	Change Addition
NAME	HOLLAND, DAVID		2.2 NAME	
STREET ADDRESS	120 HIAWATHA COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP	EAST PALATKA FL		2.4 GITY - S* - ZiP	
TITLE		[] Devete	3 1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY - ST - ZIP			3 4 CITY - SE-ZIF	
TITLE		DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME			4 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - 7:P			4.4 CHY ST-ZIP	
TITLE		DOTE IE	5 1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY - \$1 - ZIP	
TITLE		□ DELETE	6 1 111Cf	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADORESS	
Crty - St - ZIP			6.4 CHY+S1+ZIP	

14. Too 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 this annual report or supplierrents 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 receipt or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 181 changed or his additional statutes.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR