

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V68115** (7)

1. Corporation Name

HURTS SCRAP METAL & SALAVAGE, INC.



Principal Place of Business

Mailing Address

**806 ANCLOTE RD
TARPON SPRINGS FL 34689**

**806 ANCLOTE RD
TARPON SPRINGS FL 34689**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/02/1992

3a. Date of Last Report

03/22/1995

4. FEI Number

59-3144074

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

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 type for printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PSD
HURT, JERRY G
806 ANCLOTE RD
TARPON SPRINGS FL 34689**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME
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CITY - ST - ZIP**

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

**V
Hurt, Jason P
806 Anclote Rd
Tarpon Springs Fl 34689**

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 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 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:

Jerry G. Hurt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96

Date

939-1419

Daytime Phone #

CR2E034 (12/95)