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

**PROFIT CORPORATION ANNUAL REPORT** 1998 **DOCUMENT #** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(9)

## **FILED** May 01 1998 8:00am Secretary of State

	'S TOWING SERVICE TAM				
Principal Place of Business Mailing Address					
8802 E. U.S. HWY. 92 TAMPA FL 33610		9602 E. U.S. HWY. 92 Tampa Fl 33610			
				DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualified	
2. Principal F	Place of Business	2a. Mailing Address		08/29/1988 4. FEI Number	Applied For
21		26		59-2912060	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stai	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ζφ	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent negistered Agent	81 Name	10. Name and Address of New Register	ea Agent
RANKIN, DAVID P.			Name		
4600 W CYPRESS STE 500			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
IAI	MPA FL 33607		83		<del></del>
			**		
			84 City		85 Zip Code
11. Pursuant office or a agent. I a SIGNATURE	KUNIKA 10/2	Tien V.P.	s, the above-named corp uthorized by the corporat rida Statules.	poration submits this statement for the purpos tion's board of directors. I hereby accept the a	e of changing its registered appointment as registered
	Signature, typed or posited same of registered a	F	Registered Agent signature requi		
12.		ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	
NAME	OP STEPP, JAMES		1.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	9602 E. U.S. HWY. 92		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		•		
TITLE	DVT	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	STEPP, JUDITH	_	2.2 NAME		
STREET ADDRESS	9602 E. U.S. HWY. 92		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	STEPP, RANDY J.		3.2 NAME		
STREET ADDRESS	9602 E. U.S. HWY. 92		3 3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.9/	3 4. CITY-ST-ZIP		
TITLE	Ō.	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, SUE		4. 2 NAME		
STREET AODRESS	9602 E. U.S. HWY. 92		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY - ST - ZIP		
TITLE	D	DELI TE	5.1 TITLE		Change Addition
NAME	STEPP, TODD E.		5.2 NAME		
STREET ADDRESS	9602 E. U.S. HWY 92		5.3 STREE1 ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY - ST - ZIP		
TITLE		☐ DELET <b>E</b>	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.