

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000069447 (7)**

1. Corporation Name  
**J & L TOWING SERVICES INC.**



Principal Place of Business: **6804 SAPPHIRE COURT TAMPA FL 33637**  
Mailing Address: **6804 SAPPHIRE COURT TAMPA FL 33637**

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **09/05/1995** 3a. Date of Last Report  
4. FEI Number: **59-3335132** 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

9. Name and Address of Current Registered Agent  
**LUGO, JUAN C  
6804 SAPPHIRE COURT  
TAMPA FL 33637**

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

11. Pursuant to the provisions of Sections 607.0592 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	LUGO, JUAN C	
STREET ADDRESS	6804 SAPPHIRE COURT	
CITY - ST - ZIP	TAMPA FL 33637	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	LUGO, LIZBETH	
STREET ADDRESS	6804 SAPPHIRE COURT	
CITY - ST - ZIP	TAMPA FL 33637	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	<b>8345 PADDLEWHEEL ST</b>
14. CITY - ST - ZIP	<b>TAMPA FL 33637</b>
15. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	<b>8345 PADDLEWHEEL ST.</b>
18. CITY - ST - ZIP	<b>TAMPA FL 33637</b>
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY - ST - ZIP	
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and certify that the information indicated on this annual report or supplemental annual report, that I am an officer or director of the corporation or the receiver or trustee, as applicable, appears in Block 12 or Block 13 if changed, or on an attachment with any filer.

SIGNATURE: **JUAN C LUGO** 4/26/96 (83) 988-6813  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)