FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9:06

DOCUMENT # **L82944** **(4)**

1. Corporation Name
HOME TOWN TOWING, INC.

Principal Place of Business	Mailing Address
C/O NORMAN J. MAYO 1729 CHRISTOPHER STREET LYNN HAVEN FL 32444	C/O NORMAN J. MAYO 1729 CHRISTOPHER STREET LYNN HAVEN FL 32444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/22/1990**
3a. Date of Last Report: **07/18/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **59-3017807** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired [ ] **$6.75** 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

MAYO, NORMAN J.
1729 CHRISTOPHER STREET
LYNN HAVEN FL 32444

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) (New Registered Agent signature required if box 10 is checked) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	MAYO, NORMAN J.	12 NAME		
STREET ADDRESS	1729 CHRISTOPHER STREET	13 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL	14 CITY ST ZIP		
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	MAYO, TAMMY D.	22 NAME		
STREET ADDRESS	1729 CHRISTOPHER STREET	23 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL	24 CITY ST ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	TODD, WILLIAM L.	32 NAME		
STREET ADDRESS	1729 CHRISTOPHER STREET	33 STREET ADDRESS		
CITY ST ZIP	LYNN HAVEN FL	34 CITY ST ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	TODD, SHIRLEY G.	42 NAME		
STREET ADDRESS	1729 CHRISTOPHER STREET	43 STREET ADDRESS		
CITY ST ZIP	LYNN HAVEN FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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 the 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: Shirley G. Todd 1-13-95 9042651562
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date) (Telephone Number)

0032070 CP