

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000063478

Entity Name: JOHN'S TOWING SERVICE INC.**Current Principal Place of Business:**414 SOUTH PARROTT AVE
SUITE A
OKEECHOBEE, FL 34974**Current Mailing Address:**PO BOX 325
OKEECHOBEE, FL 34973 US**FEI Number:** 59-2021982**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, DAVID HAYNES
414 SOUTH PARROTT AVE
SUITE A
OKEECHOBEE, FL 34974 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** DAVID HAYNES WILLIAMS**02/23/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	WILLIAMS, DAVID HAYNES
Address	414 SOUTH PARROTT AVE SUITE A
City-State-Zip:	OKEECHOBEE FL 34974

Title	VP
Name	WILLIAMS, PAMELA STOKES
Address	414 SOUTH PARROTT AVE SUITE A
City-State-Zip:	OKEECHOBEE FL 34974

Title	SECRETARY
Name	WILLIAMS, PAMELA STOKES
Address	414 SOUTH PARROTT AVE SUITE A
City-State-Zip:	OKEECHOBEE FL 34974

Title	TREASURER
Name	WILLIAMS, PAMELA STOKES
Address	414 SOUTH PARROTT AVE SUITE A
City-State-Zip:	OKEECHOBEE FL 34974

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID H WILLIAMS**PRESIDENT****02/23/2021**

Electronic Signature of Signing Officer/Director Detail

Date