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

APPROVED AND FILED

95 MAR 25 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 220947 (6)

1. Corporation Name
MID-SOUTH TOWING COMPANY

Principal Place of Business	Mailing Address
5405 W. CYPRESS ST. #300 P.O. BOX 22048 TAMPA FL 33607	5405 W. CYPRESS ST. #300 P.O. BOX 22048 TAMPA FL 33607

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/04/1959
3a. Date of Last Report: 03/08/1994
4. FEI Number: 43-0746287 ☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BRESNAHAN, TIMOTHY M.
5405 W. CYPRESS ST. #300
TAMPA FL 33607

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	FLOOD, P.G.	1.2 NAME	
STREET ADDRESS	5405 W. CYPRESS ST #300	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	KESSEL, R.H.	2.2 NAME	
STREET ADDRESS	702 N FRANKLIN ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 0	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	RANKLIN, D.J.	3.2 NAME	
STREET ADDRESS	5405 W. CYPRESS ST #300	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 0	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	SALSBURY, D R	4.2 NAME	
STREET ADDRESS	5405 W. CYPRESS ST #300	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 0	4.4 CITY-ST-ZIP	
TITLE	ASAT	5.1 TITLE	AS/AT/VP/D ☐ Change ☐ Addition
NAME	BRESNAHAN, T.M.	5.2 NAME	
STREET ADDRESS	5405 W. CYPRESS ST #300	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 0	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	OAK, A.D.	6.2 NAME	
STREET ADDRESS	702 N. FRANKLIN ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	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)(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.

SIGNATURE: T.M. Bresnahan T.M. BRESNAHAN 3-16-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0202688 CP

MID-SOUTH TOWING

ATTACHMENT -1995 CORPORATION ANNUAL REPORT

BOX 12

7.1 V.
7.1 J.C. Crane
7.3 5405 W. Cypress St., Suite #300
7.4 Tampa, Florida 33607

8.1 Assist. Controller
8.2 B. Narzissenfeld
8.3 5405 W. Cypress St., Suite #300
8.4 Tampa, Florida 33607