FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 04, 2000 8:00 am Secretary of State **DOCUMENT # 220947** MID-SOUTH TOWING COMPANY 05-04-2000 90037 001 ***600.00 Principal Place of Business Mailing Address 702 N FRANKLIN ST N FRANKLIN ST SUITE 900 SUITE 900 11348 TAMPA FL 33602-4429 1AMPA FL 33602 2. Principal Place of Business 3. Mailing Address c/o D. E. SCHWARTZ c/o D. E. SCHWARTZ Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 702 N FRANKLIN ST P.O. BOX 111 Applied For 4. FEI Number City & State City & State 43-0746287 Not Applicable TAMPA FL TAMPA FL Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired П Fee Required 33602-4429 33601-0111 US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCDEVITT, S. M. BRESNAHAN, TIMOTHY M. Street Address (P.O. Box Number is Not Acceptable) 702 N FRANKLIN ST SUITE 900 702 N FRANKLIN ST **TAMPA FL 33602** Zip Code 33602 TAMPA or the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above na SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. VD. TITLE TITLE Delete CRANE, J. C NAME NAME STREET ADDRESS 702 N FRANKLIN ST #900 STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP Tampa FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE SCHWARTZ, D.E. NAME NAME STREET ADDRESS STREET ADDRESS 702 N FRANKLIN ST. CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33602** XX Change ☐ Addition ☐ Delete TITLE TITLE RANKIN, D. J. RANKLIN, D.J. NAME 702 N FRANKLIN ST #900 STREET ADDRESS 702 N FRANKLIN ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33602 TAMPA, FL 0 **XX** Change Addition ☐ Delete TITLE NAME KOVAC, G.W. NAME 702 N FRANKLIN ST STREET ADDRESS 702 N FRANKLIN ST #900 STREET ADDRESS CITY-ST-ZIP TAMPA FL 33602 CITY-ST-ZIP **TAMPA FL 33602** Addition XX Change STVD ☐ Delete TITLE BRESNAHAN, T.M. NAME BRESNAHAN, T. M. STREET ADDRESS STREET ADDRESS 702 N FRANKLIN ST #900 702 N FRANKLIN ST CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 0 <u>TAMPA FL 33602</u> Addition ☐ Delete TITLE XX Change TITLE GILLETTE, G.L. NAME NAME STREET ADDRESS 702 N. FRANKLIN ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33602 13. 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 report or supplemental 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 11 or Block 12 if

changed, or on an attachmen

SIGNATURE:

with an address, with all other like empowered.