

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **347444 (2)**

1. Corporation Name  
**DRISCOLL'S TOWING SERVICE, INC.**



Principal Place of Business: **1701 N DIXIE HIGHWAY POMPANO BEACH FL 33060**  
Mailing Address: **1701 N DIXIE HIGHWAY POMPANO BEACH FL 33060**

3. Date Incorporated or Qualified: **06/05/1969**      3a. Date of Last Report: **06/29/1995**  
4. FEI Number: **59-1262839**      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

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

9. Name and Address of Current Registered Agent  
**DRISCOLL, ROBERT J  
1157 SW 4 AVE  
POMPANO BEACH FL 33060**

10. Name and Address of New Registered Agent  
81 Name: **Robert J. Driscoll, Jr.**  
82 Street Address (P.O. Box Number is Not Acceptable): **1701 North Dixie Highway**  
83  
84 City: **Pompano Beach**      FL 85 Zip Code: **33060**

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.  
**Vice-President      April 12, 1996**

SIGNATURE: *Robert J. Driscoll Jr.*      Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	1. TITLE	<b>CTD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DRISCOLL, MARION</b>	2. NAME	
STREET ADDRESS	<b>1157 SW 4TH AVENUE</b>	3. STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	4. CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2. TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DRISCOLL, JOSEPH</b>	2.2 NAME	
STREET ADDRESS	<b>961 S CYPRESS RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DRISCOLL, ROBERT J.</b>	3.2 NAME	
STREET ADDRESS	<b>1157 SW 4 AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BCH., FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Robin Driscoll</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>12279 NW 32nd Court</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Coral Springs, FL 33065</b>
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<b>D/VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Robert J. Driscoll, Jr.</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>12279 NW 32nd Court</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Coral Springs, FL 33065</b>
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Cheryl A. Driscoll</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>961 S. Cypress Road</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Pompano Beach, FL 33060</b>

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)(k), 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.  
**Robert J. Driscoll Jr      954-946-4747**  
**Vice President      April 12, 1996**

SIGNATURE: *Robert J. Driscoll Jr.*      Date: \_\_\_\_\_      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)