

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 492393 (4)

1. Corporation Name

JOHNSON'S WRECKER SERVICE, INC.



Principal Place of Business

500 WILMER AVENUE
P. O. BOX 585918
ORLANDO FL 32858

Mailing Address

500 WILMER AVENUE
P. O. BOX 585918
ORLANDO FL 32858

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

JOHNSON, DARRELL
500 WILMER AVE
ORLANDO FL 32808

3. Date Incorporated or Qualified

12/10/1975

3a. Date of Last Report

01/24/1995

4. FEI Number

59-1635639

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

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 of the president or registered agent (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

1. NAME
2. STREET ADDRESS
3. CITY-STATE-ZIP
4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY-STATE-ZIP
8. TITLE
9. NAME
10. STREET ADDRESS
11. CITY-STATE-ZIP
12. TITLE
13. NAME
14. STREET ADDRESS
15. CITY-STATE-ZIP

DV
JOHNSON, DARRELL
500 WILMER AVE
ORLANDO, FL 00000

☐ DELETE

DP
JOHNSON, JACQUELINE A
500 WILMER AVE
ORLANDO, FL 00000

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13.

1. 1.1 TITLE
2. 1.2 NAME
3. 1.3 STREET ADDRESS
4. 1.4 CITY-STATE-ZIP
5. 2.1 TITLE
6. 2.2 NAME
7. 2.3 STREET ADDRESS
8. 2.4 CITY-STATE-ZIP
9. 3.1 TITLE
10. 3.2 NAME
11. 3.3 STREET ADDRESS
12. 3.4 CITY-STATE-ZIP
13. 4.1 TITLE
14. 4.2 NAME
15. 4.3 STREET ADDRESS
16. 4.4 CITY-STATE-ZIP
17. 5.1 TITLE
18. 5.2 NAME
19. 5.3 STREET ADDRESS
20. 5.4 CITY-STATE-ZIP
21. 6.1 TITLE
22. 6.2 NAME
23. 6.3 STREET ADDRESS
24. 6.4 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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. 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: *Jacqueline A. Johnson* JACQUELINE A. JOHNSON 1-31-96 407-293-2540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)