

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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



DOCUMENT # 492393 (4)

1. Corporation Name
JOHNSON'S WRECKER SERVICE, INC.

Principal Place of Business

Mailing Address

500 WILMER AVENUE
~~P.O. BOX 383012~~
ORLANDO FL 32858

500 WILMER AVENUE
~~P.O. BOX 383012~~
ORLANDO FL 32858



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 500 WILMER AVE	26 500 WILMER AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 ORLANDO FL	28 ORLANDO FL
Zip	Zip
24 32808	29 32808
Country	Country
25 US	30 US

3. Date Incorporated or Qualified	Applied For
12/10/1975	Not Applicable
4. FEI Number	
59-1635639	
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 owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOHNSON, DARRELL 500 WILMER AVE ORLANDO FL 32808	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, typed or printed name of registered agent and title if applicable

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

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	PRESIDENT
STREET ADDRESS	JOHNSON, DARRELL	1.2 NAME	DARRELL JOHNSON SR
CITY-ST-ZIP	500 WILMER AVE	1.3 STREET ADDRESS	500 WILMER AVE
	ORLANDO, FL 00000	1.4 CITY-ST-ZIP	ORLANDO FL 32808
TITLE	NAME	2.1 TITLE	CHAIRMAN OF BOARD
STREET ADDRESS	JOHNSON, JACQUELINE A	2.2 NAME	JACQUELINE A JOHNSON
CITY-ST-ZIP	500 WILMER AVE	2.3 STREET ADDRESS	500 WILMER AVE
	ORLANDO, FL 00000	2.4 CITY-ST-ZIP	ORLANDO FL 32808
TITLE	NAME	3.1 TITLE	FIRST VICE PRESIDENT
STREET ADDRESS		3.2 NAME	DARRELL JOHNSON JR
CITY-ST-ZIP		3.3 STREET ADDRESS	500 WILMER AVE
		3.4 CITY-ST-ZIP	ORLANDO FL 32808
TITLE	NAME	4.1 TITLE	SECRETARY
STREET ADDRESS		4.2 NAME	DARLENE F. JOHNSON
CITY-ST-ZIP		4.3 STREET ADDRESS	500 WILMER AVE
		4.4 CITY-ST-ZIP	ORLANDO FL 32808
TITLE	NAME	5.1 TITLE	TREASURER
STREET ADDRESS		5.2 NAME	DORIE L. JOHNSON-MERKE
CITY-ST-ZIP		5.3 STREET ADDRESS	500 WILMER AVE
		5.4 CITY-ST-ZIP	ORLANDO FL 32808
TITLE	NAME	6.1 TITLE	SECOND VICE PRESIDENT
STREET ADDRESS		6.2 NAME	DENNIS D. JOHNSON
CITY-ST-ZIP		6.3 STREET ADDRESS	500 WILMER AVE
		6.4 CITY-ST-ZIP	ORLANDO FL 32808

14. 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 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

CR2E034 (10/97)