

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

FILED

Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90066 008 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **492393**

1. Corporation Name

JOHNSON'S WRECKER SERVICE, INC.

Principal Place of Business

500 WILMER AVE.
ORLANDO FL 32808
US

Mailing Address

500 WILMER AVENUE
ORLANDO FL 32808
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1975

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

24

25

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**JOHNSON, DARRELL
500 WILMER AVE
ORLANDO FL 32808**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE **P**
NAME **JOHNSON, DARRELL**
STREET ADDRESS **500 WILMER AVE**
CITY-ST-ZIP **ORLANDO, FL 00000**

TITLE **C**
NAME **JOHNSON, JACQUELINE A**
STREET ADDRESS **500 WILMER AVE**
CITY-ST-ZIP **ORLANDO, FL 00000**

TITLE **VP**
NAME **JOHNSON JR., DARRELL**
STREET ADDRESS **500 WILMER AVE.**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **S**
NAME **JOHNSON, DARLENE**
STREET ADDRESS **500 WILMER AVE.**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **T**
NAME **JOHNSON-MERKE, DORIE**
STREET ADDRESS **500 WILMERE AVE.**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **VP**
NAME **JOHNSON, DENNIS D.**
STREET ADDRESS **500 WILMER AVE.**
CITY-ST-ZIP **ORLANDO FL 32808**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Dorie Johnson-Merke*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

Date

401 293 2540

Daytime Phone #

CR2E034 (11/98)