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

PROFIT CORPORATION ANNUAL REPORT



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

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DOCUMENT # 545185

(1)

J & J TRUCK GARAGE, WRECKER SERVICE, INC.

Principal Place	of Business	Mailing Addre							
5102 40TH STI TAMPA FL 336	REET	5102 40TH S TAMPA FL 3	STREET						
IMMEN IL SA	010-0204	TOWN IN THE ST	0010 0204		3. Date Incorporated or Qualified 09/14/1977	3a. Date of 05/0	Last Re		
2. Principal Pla	ace of Business	2a. Mailing Ac	ddress		4. FEI Number			Applied For	
·		26			59-1766418			ot Applicable	
Suite, Apt. #	#, etc	Suite, Apt	. #, etc.		5. Certificate of Status Desired		•	Additional Required	
City & State	!	City & State						.00 May Be Ided to Fees	
Zip	Country	Zip	Co	ountry	8. This corporation has liability for	intangible tax u	under s	199.032,	
24	25	29	30			[] No			
	9. Name and Address of Curre	nt Registered Age	nt	Ţ <u>.</u>	10. Name and Address of New F	legistered Ag	ent		
				81 Nam	e				
	ll, ronald Th street			82 Stree	et Address (P.O. Box Number is Not Acceptat	ole)			
TAMPA F				83					
				84 City		FL	85 Zıçı	Code	
or registere familiar wit	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo th, and accept the obligations of, Sec	rida. S∪ch change w	as authorized by the	oove-named corporation	corporation submits this statement for the pu i's board of directors. I hereby accept the app	rpose of chang ointment as re	jing its re gistered	egistered offic agent. I am	
SIGNATURE	Signature, typed or printed number of registered age	nt and title if applicable.	(NOTE: Flegister	ed Agent signatur	re required when reinstating)	DATE			
12.	·	ND DIRECTORS	13		ADDITIONS/CHANGES TO OFF				
TITLE	PD		DELETE 1. 1	TITLE		LJ	Change	☐ Addition	
NAME	CANTRELL, RONALD			NAME					
STREET ADDRESS	5102 40TH STREET		1.3	STREET ADDRES	68				
CITY-ST-ZIP	TAMPA FL	6 37		CITY-ST-ZIP			Change	Addition	
TITLE	SD SAMEON FOTHER	[],		TITLE		L	Urange	☐ Nadition	
NAME	CANTRELL, ESTHER			NAME					
STREET ADDRESS	5102 40TH STREET			STREET ADDRES	35				
CITY-ST-ZIP	VP			CITY-ST-ZIP LTITLE		[7]	Change	☐ Addition	
TOLE	CANTRELL, LINDA	<u>.</u>		NAME			•		
NAME	5102 40TH STREET			. STREET ADORES	ec				
STREET ADDRESS	TAMPA FL		1	CITY-ST-2IP	30				
CITY-ST-ZIP TITLE				I TITLE			Change	Addition	
NAME		_	4.2	NAME					
STREET ADDRESS			4.3	STREET ADDRES	ss				
CiTY-ST-ZIP			4.4	CITY - SI - ZIP					
TITLE			DELETE 5 1	I TITLE			Change	☐ Addition	
NAME			5.2	NAME	-				
STREET ADDRESS			5.3	STREET ADDRES	ss i				
CITY-ST-ZIP				CITY-ST-ZIP				<u></u>	
TITLE			DELETÉ 6	1 TITLE			Change	☐ Addition	
NAME			62	NAME					
STREET ADDRESS	1		63	STREET ADDRES	ss				
CITY - ST - ZIP			6.4	CITY-ST-ZIP			· ·		
certify that oath; that	t the information indicated on this ar	inual report or supple poration or the receiv	amental annual repor ver or trustee empov	t is true and	qualify for the exemption stated in Section 119 Laccurate and that my signature shall have the cute this report as required by Chapter 607, F	e same legal et	iect as ii	i made under	

SIGNATURE: Reside D Control Printed Mane of Signing Officer or Director 4/27/96

- 2 DOGRALI BILON BRADI BIKAN KINDI KANDI BANDI BIRIN BIRIN DIDIK BIRIN DIBIN BIRIN BIRIN BIRIN TADI