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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

668651 DOCUMENT #

(3)

DIXIE TOWING CORP.

Mailing Address

Principal Place of Business 110 SEVAN ST

110 BRYAN ST.

FILED Mar 09 1998 8:00am Secretary of State



JACKSONVILLE FL 32202 JACKSONVILLE FL 32202				DO 4107 WD	TE 114 TI 110 O	D. 6			
						DO NOT WRI		PACE	
						3. Date Incorporated or Qualified 05/01/1980	J.		
2. Principal Pla	ce of Business	2a, Mailing Address				4. FEI Number		TA	pplied For
21 2/20 Corporate SO BLVD 25 SELE CORPORATE SO BL						1 **			ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.									Additional
22 17 27 17						5. Certificate of Status Desired		Fee F	Required
City & State City & State						6. Election Campaign Financing		\$5.00	May Be
23 JAX, fr A 32216 28 JAX, fr A.					<u> </u>	Trust Fund Contribution	<u> </u>		to Fees
^{Zip} /	Country	Zip	L Cour	-		8. This corporation owes or has			
24 32216 25 DUVAC 29 32216 30 DOVA						Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
OOK WATER OT									
225 WATER ST. 1800 FIRST UNION BANK BLDG					ess (P.O. Box Number is Not Accep	table)			
JACKSONVILLE FL 32202									
JAO.	NGO IVILLE I E SEZUZ							, , , , , , , , , , , , , , , , , , , 	
			į.	84	City		FL	85 Zip	Code
11. Pursuant to	the provisions of Sections 607.0502	and 607 1508, Florida Statut	tes, the ab	OVO:	-named corpo	oration submits this statement for th	e purpose of	changing	its registered
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 _	Ignature, typed or printed name of registered agent	and title if applicable. (NO)	E: Registered	Agen	it signature require	d when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AND		
TITLE	PD	☐ DEL ete	1.1 TIT	LE				Change	Addition
NAME	GIBBS, ROBERT K		1.2 NA	ME					
STREET ADDRESS	110 BRYAN ST.		1.3 STF	REET A	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32202		1.4 CIT		- ZIP				- Ageitan
TITLE	☐ DELETE			2.1 TITLE				Change	Addition
NAME			2.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE	2. 4 CIT 3.1 TIT		T-ZIP		1.51	Change	Addition
TITLE			3.1 MI						
NAME			1		ADDRESS				
STREET ADDRESS			3.4. CI						
CITY-ST-ZIP TITLE		DELE TÉ	4.1 TIT		1-411			Change	Addition
NAME		<u> </u>	4, 2 NA					•	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4.4 CIT						
TITLE		DELETE	5.1 T(T	-				Change	Addition
NAME			5.2 NAI	ME					
STREET ADDRESS			5.3 STF	REET A	ADDRESS				
CITY-ST-ZIP			5.4 CIT	Y-ST	- ZiP				
TITLE		☐ DELETE	6.1 TIT	LE				Change	Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 STF	REET A	ADDRESS				
CITY-ST-ZIP			6.4 CIT						
14. I hereby ce	ortify that the information supplied will be this angual report or supplemental	h this filing does not qualify f	or the execurate and	mpti I the	ion stated in S	Section 119.07(3)(i), Florida Statutes e shall have the same legal effect a	 I further cers s if made une 	rtify that th der oath: t	e information hat I am an
14. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 113.07(3)(i), Florida Statutes. I flutter the information indicated on this annual report is prepared to execute and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of this corpolation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed for on an attachment with in address.									