FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR -2 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 691149 (9)

1. Corporation Name
ZUCCALA WRECKER SERVICE, INC.

Principal Place of Business	Mailing Address
500 S AUSTRALIAN AVE. P O BOX 4388 W. PALM BCH. FL 33401	500 S AUSTRALIAN AVE. P O BOX 4388 W. PALM BCH. FL 33401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/19/1981
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business
21: 633 E. Industrial Ave.
Suite, Apt. #, etc. 22:
City & State 23: Boynton Beach, Fl
Zip 24: 33426 Country 25: Palm Beach

2a. Mailing Address
26: 633 E. Industrial Ave
Suite, Apt. #, etc. 27:
City & State 28: Boynton Beach, Fl
Zip 29: 33426 Country 30: Palm Beach

4. FEI Number: 59-2139933 ☐ 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

9. Name and Address of Current Registered Agent

ROSENBACH, DEAN J
500 S AUSTRALIAN AVE.
W. PALM BCH. FL 33402

correct

10. Name and Address of New Registered Agent

91 Name: ~~ZUCCALA Wrecker Service Inc~~ VOID
92 Street Address (P.O. Box Number Is Not Acceptable): ~~633 E. Industrial Ave~~
93:
94 City: ~~Boynton Beach~~ FL 95 Zip Code: ~~33426~~

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: JoAnn Zuccala Secretary JoAnn Zuccala 1/25/95
(Signature, typed or printed name of Registered Agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	ZUCCALA, LAWRENCE A	1.2 NAME	
STREET ADDRESS	633 E INDUSTRIAL AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH. FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BARTLE, JANE E	2.2 NAME	
STREET ADDRESS	633 E INDUSTRIAL AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH. FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	ZUCCALA, JOANN	3.2 NAME	
STREET ADDRESS	1032 CORAL CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH. FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	ZUCCALA, LAWRENCE P JR	4.2 NAME	
STREET ADDRESS	633 E INDUSTRIAL AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH. FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Dep Dir Burk
C H

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)(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: JoAnn Zuccala JoAnn Zuccala 1/25/95 407-737-1212
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (DATE) (Daytime Phone #)

0243473 CP