

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 749834 (8)
1. Corporation Name
TOWING AND RECOVERY ASSOCIATION OF AMERICA, INC.



Principal Place of Business
2200 MILL RD
ALEXANDRIA VA 22314-4677
US

Mailing Address
2200 MILL RD
ALEXANDRIA VA 22314-4677
US

3. Date Incorporated or Qualified 11/19/1979
3a. Date of Last Report 02/06/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1942901	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRISCO, WAYNE	1.2 NAME	Donna Book-out Coe
STREET ADDRESS	428 N FREDERICK ST	1.3 STREET ADDRESS	6255 SW Sheridan St.
CITY - ST - ZIP	EL PASO TX	1.4 CITY - ST - ZIP	Portland, OR 97225
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HADLEY, MAYNARD	2.2 NAME	William Georgis
STREET ADDRESS	4048 CRATER LAKE AVE	2.3 STREET ADDRESS	2809 Maplewood St.
CITY - ST - ZIP	MEDFORD OR	2.4 CITY - ST - ZIP	Saginaw, MI 48601
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUCKER, PAT	3.2 NAME	John Glass
STREET ADDRESS	920 N WYCOFF	3.3 STREET ADDRESS	17 Martin Luther King Avenue
CITY - ST - ZIP	BREMERTON WA	3.4 CITY - ST - ZIP	Morristown, NJ 07960
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFEY, ROGER	4.2 NAME	
STREET ADDRESS	4534 POPLAR LEVEL RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	LOUISVILLE KY	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	MORRISON, JEFFREY M	5.2 NAME	
STREET ADDRESS	12 COTTAGE FIELD COURT	5.3 STREET ADDRESS	
CITY - ST - ZIP	GERMANTOWN MD	5.4 CITY - ST - ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRATZIANNA, JACK	6.2 NAME	Pat Tucker
STREET ADDRESS	2139 N MANNHEIM RD	6.3 STREET ADDRESS	920 N. Wycoff
CITY - ST - ZIP	NORTHLAKE IL	6.4 CITY - ST - ZIP	Bremerton, WA 98312

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jeffrey M. Morrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey M. Morrison

1/19/96

703-838-1897

Date

Daytime Phone #

CR2E037 (12/95)