


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/19/1979 3a. Date of Last Report 02/05/1996 4. FEI Number 59-1942901 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 TITLE NAME STREET ADDRESS CITY-ST-ZIP VP BROOK-OUT, DONNA 6255 SW SHERIDAN ST PROTAND OR T GIORGIS, WILLIAM 2809 MAPLEWOOD ST SAGINAW MI VP GLASS, JOHN 17 MARTIN LUTHER KING AVE MORRISTOWN NJ D COFFEY, ROGER 4534 POPLAR LEVEL RD. LOUISVILLE KY D MORRISON, JEFFREY M 12 COTTAGE FIELD COURT GERMANTOWN MD VP TUCKER, PAT 920 N WYCOFF BRADENTON WA					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE M 1.2 NAME FLETCHER R HALL 1.3 STREET ADDRESS 2200 MILL ROAD 1.4 CITY-ST-ZIP ALEXANDRIA, VA 22314 2.1 TITLE MIKE HOLLAND 2.2 NAME MIKE HOLLAND 2.3 STREET ADDRESS 2509 BROWNS BRIDGE ROAD 2.4 CITY-ST-ZIP GAINESVILLE, GA 30501 3.1 TITLE MAYNARD HADLEY 3.2 NAME MAYNARD HADLEY 3.3 STREET ADDRESS 2200 MILL ROAD 3.4 CITY-ST-ZIP ALEXANDRIA, VA 22314 4.1 TITLE DEWEY FARRINGTON 4.2 NAME DEWEY FARRINGTON 4.3 STREET ADDRESS 1001 SW 3rd 4.4 CITY-ST-ZIP OKLAHOMA CITY, OK 73109					



DO NOT WRITE IN THIS SPACE

CR2E037 (4/97)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.