

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 20, 1999 8:00 am  
Secretary of State

07-20-1999 90014 048 \*\*\*\*61.25

DOCUMENT # 749834

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.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/19/1979

4. FEI Number

59-1942901

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

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

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

TITLE M ☐ DELETE

NAME COOLEY, HARRIET S  
STREET ADDRESS 2200 MILL ROAD  
CITY-ST-ZIP ALEXANDRIA VA 22314

TITLE T ☐ DELETE

NAME GIORGIS, WILLIAM  
STREET ADDRESS 2809 MAPLEWOOD ST  
CITY-ST-ZIP SAGINAW MI

TITLE VP ☒ DELETE

NAME GLASS, JOHN  
STREET ADDRESS 17 MARTIN LUTHER KING AVE  
CITY-ST-ZIP MORRISTOWN NJ

TITLE D ☐ DELETE

NAME COFFEY, ROGER  
STREET ADDRESS 4534 POPLAR LEVEL RD.  
CITY-ST-ZIP LOUISVILLE KY

TITLE D ☐ DELETE

NAME HOLLAND, MIKE  
STREET ADDRESS 2509 BROWNS BRIDGE ROAD  
CITY-ST-ZIP GAINESVILLE GA

TITLE D ☒ DELETE

NAME HADLEY, MAYNARD  
STREET ADDRESS 2200 MILL ROAD  
CITY-ST-ZIP ALEXANDRIA VA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☐ Change ☒ Addition

1.2 NAME SAM Brewer  
1.3 STREET ADDRESS 820 S. BROAD ST.  
1.4 CITY-ST-ZIP Brooksville, FL

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME Giorgis, William  
2.3 STREET ADDRESS 2809 Maplewood St.  
2.4 CITY-ST-ZIP SAGINAW, MI

3.1 TITLE VP ☐ Change ☒ Addition

3.2 NAME Dewey Farrington  
3.3 STREET ADDRESS 1001 SW 3rd  
3.4 CITY-ST-ZIP OKLAHOMA CITY, OK 73109

4.1 TITLE T ☐ Change ☒ Addition

4.2 NAME Chuck Schmidt  
4.3 STREET ADDRESS 1061 Northern Blvd  
4.4 CITY-ST-ZIP Roslyn, NY

5.1 TITLE P ☒ Change ☐ Addition

5.2 NAME Holland, Mike  
5.3 STREET ADDRESS 2509 Browns Bridge Rd  
5.4 CITY-ST-ZIP Gainesville, GA

6.1 TITLE VP ☐ Change ☒ Addition

6.2 NAME RLOWENS  
6.3 STREET ADDRESS 2200 Mill Rd  
6.4 CITY-ST-ZIP Alexandria, VA 22314

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)