

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 19 PM 11:30

DOCUMENT # 836126 (3)

1. Corporation Name

SHERIDAN TOWING CO., INC.

Principal Place of Business

**12 SOUTH 12TH ST.
PHILADELPHIA PA 19107**

Mailing Address

**12 SOUTH 12TH ST.
PHILADELPHIA PA 19107**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/07/1976

3a. Date of Last Report

04/25/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

23-1623175

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

10. Name and Address of New Registered Agent

**RAUF, RUSSEL
5275 CAUSEWAY BLVD
TAMPA FL 33619**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	GEHEGAN, JOSEPH P
STREET ADDRESS	1185 AVE OF THE AMERICAS
CITY - ST - ZIP	NEW YORK, NY 00000
TITLE	VT
NAME	KELLY, THOMAS J
STREET ADDRESS	12 S 12TH ST
CITY - ST - ZIP	PHILADELPHIA, PA 00000
TITLE	PD
NAME	HESS, LEON
STREET ADDRESS	1185 AVE OF THE AMERICAS
CITY - ST - ZIP	NEW YORK NY
TITLE	D
NAME	COLLINS, J. B.
STREET ADDRESS	1185 AVE OF THE AMERICAS
CITY - ST - ZIP	NEW YORK NY
TITLE	S
NAME	BARON, R. J.
STREET ADDRESS	1 HESS PLAZA
CITY - ST - ZIP	WOODBIDGE NJ
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	SECRETARY
5.3 STREET ADDRESS	TURSI, CARL T.
5.4 CITY - ST - ZIP	1185 AVENUE OF THE AMERICAS
	NEW YORK, NY 10036
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. T. TURSI SECRETARY

4/11/95

(908) 750-6000