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Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90171 025 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000006890**

1. Corporation Name  
**TOWING AND RECOVERY INSURANCE GROUP, INC.**

Principal Place of Business 250 S. C.R. 427, SUITE 108 LONGWOOD FL 32750	Mailing Address 250 S. C.R. 427, SUITE 108 LONGWOOD FL 32750
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/31/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 72-1112353
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  JONES, DAVE 250 S. C.R. 427, SUITE 108 LONGWOOD FL 32750	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
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, DAVE	1.2 NAME	
STREET ADDRESS	250 S. C.R. 427, SUITE 108	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGOVERN, MICHAEL P	2.2 NAME	
STREET ADDRESS	620 MARKET ST., #650	2.3 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN 37902	2.4 CITY-ST-ZIP	
TITLE	TDC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENITEZ, GUY	3.2 NAME	
STREET ADDRESS	241 AB DUGAS RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAFAYETTE LA 70503	3.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORHAUER, HAL	4.2 NAME	
STREET ADDRESS	2901 W. WELDON AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ 85017	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAILS, SAM	5.2 NAME	
STREET ADDRESS	400 KANSAS AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	KANASA CITY KS 66105	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, ALLEN	6.2 NAME	
STREET ADDRESS	201 WASHINGTON ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ABBEVILLE SC 29620	6.4 CITY-ST-ZIP	

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: 12 February 1999 Daytime Phone #: 407-260-1522

CR2E037 (11/98)