

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000001870 (1)

1. Corporation Name

A-2 WRECKER SERVICE, INC.

Principal Place of Business

8503 HILLTOP DRIVE
COLTEWAH TN 37363

Mailing Address

8503 HILLTOP DRIVE
COLTEWAH TN 37363

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1997

4. FEI Number

-APPLIED FOR 62-1688650

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 7704 Basswood Dr.

Suite, Apt. #, etc.

22

City & State

23 Chattanooga, TN.

Zip

24 37416

Country

25

2a. Mailing Address

26 7704 Basswood Dr.

Suite, Apt. #, etc.

27

City & State

28 Chattanooga, TN.

Zip

29 37416

Country

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD ☐ DELETE

NAME SANFORD, JOYCE S
STREET ADDRESS 807 ST JOHN'S BLUFF ROAD, N.
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ☐ DELETE

NAME MOODY, L H
STREET ADDRESS 807 ST JOHN'S BLUFF ROAD, N.
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD ☐ DELETE

NAME EMERSON, OLIVE R
STREET ADDRESS 807 ST JOHN'S BLUFF ROAD, N.
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD ☐ DELETE

NAME SANFORD, ROGER L
STREET ADDRESS 807 ST JOHN'S BLUFF ROAD, N.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Badgley, Jeff
1.3 STREET ADDRESS 8503 Hilltop Drive
1.4 CITY-ST-ZIP Coltewah, TN. 37363

2.1 TITLE VAS ☒ Change ☐ Addition

2.2 NAME Mish, Vincent
2.3 STREET ADDRESS 8503 Hilltop Drive
2.4 CITY-ST-ZIP Coltewah, TN. 37363

3.1 TITLE VS ☒ Change ☐ Addition

3.2 NAME madonia, Frank
3.3 STREET ADDRESS 8503 Hilltop Drive
3.4 CITY-ST-ZIP Coltewah, TN. 37363

4.1 TITLE V CFO T ☒ Change ☐ Addition

4.2 NAME Dunayer, Adam
4.3 STREET ADDRESS 8503 Hilltop Drive
4.4 CITY-ST-ZIP Coltewah, TN. 37363

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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

SIGNATURE:

Jeff Badgley

3-2-98

423-893-3327

CR2E034 (10/97)