FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G73562 (2)

1. Corporation Name
~~BUTCH'S CHEVRON & WRECKER SERVICE, INC.~~
Butch's Towing + Recovery, Inc.

Principal Place of Business	Mailing Address
~~2207 W FIRST ST~~ 200 Persimmon Ave SANFORD FL 32771	~~2207 W FIRST ST~~ 200 Persimmon Ave SANFORD FL 32771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/08/1983	09/02/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2348000	☐ Applied For ☐ Not Applicable
Suite, Apt #, etc 22	Suite, Apt #, etc 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / County 25	Zip 29 / County 30	7. This corporation has [illegible] for [illegible] tax under § 199.032 Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COOMBS, LEWIS A. 321 KIMBERLY CT. SANFORD FL 32771	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: [illegible] (Registered Agent signature required when changing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS	11 TITLE	PV ☒ Change ☐ Addition
NAME	COOMBS, LEWIS A.	12 NAME	Coombs, Lewis A.
STREET ADDRESS	321 KIMBERLY CT.	13 STREET ADDRESS	321 Kimberly Ct.
CITY ST ZIP	SANFORD FL	14 CITY ST ZIP	Sanford, Fl. 32771
TITLE	TD	21 TITLE	S ☐ Change ☒ Addition
NAME	COOMBS, LEWIS A.	22 NAME	Coombs, Carol A.
STREET ADDRESS	321 KIMBERLY CT.	23 STREET ADDRESS	321 Kimberly Ct.
CITY ST ZIP	SANFORD FL	24 CITY ST ZIP	Sanford, Fl. 32771
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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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)(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: L. Coombs - L. Coombs President 4/26/95 407-322-7377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0044030 CP