

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

FILED
Mar 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J51106 (9)

1. Corporation Name
DODSON'S TOWING SERVICE, INC.



Principal Place of Business % MARVIN DODSON 8253 BAMA LANE W. PALM BEACH FL 33411	Mailing Address % MARVIN DODSON 8253 BAMA LANE W. PALM BEACH FL 33411
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2402 HWY 2 Suite, Apt. #, etc.	2a. Mailing Address 26 2530 HWY 2 Suite, Apt. #, etc.
22 City & State 23 Campbellton Florida	27 City & State 28 Campbellton Florida
24 Zip 32426	25 Country USA
29 Zip 32426	30 Country USA

3. Date Incorporated or Qualified 01/02/1987	4. FEI Number 59-2778992	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

DODSON, MARVIN
8253 BAMA LANE
W. PALM BEACH FL 33411

10. Name and Address of New Registered Agent

61 Name Dodson Marvin
62 Street Address (P.O. Box Number is Not Acceptable) 2402 HWY 2
63
64 City West Palm Campbellton, FL
65 Zip Code 32426

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DODSON, MARVIN		1.2 NAME Marvin Dodson	
STREET ADDRESS 8253 BAMA LANE		1.3 STREET ADDRESS 2402 Highway 2	
CITY-ST-ZIP W. PALM BEACH FL		1.4 CITY-ST-ZIP Campbellton, Fla 32426	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DODSON, PEGGY		2.2 NAME Peggy Dodson	
STREET ADDRESS 8253 BAMA LANE		2.3 STREET ADDRESS 2402 Highway 2	
CITY-ST-ZIP W. PALM BEACH FL		2.4 CITY-ST-ZIP Campbellton, Fla 32426	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MEDDERS, DONALD		3.2 NAME Donald medders	
STREET ADDRESS 8253 BAMA LANE		3.3 STREET ADDRESS 2402 Highway 2	
CITY-ST-ZIP W. PALM BEACH FL		3.4 CITY-ST-ZIP Campbellton, Fla 32426	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Marvin Dodson Peggy Dodson DS 03-0698 850-263-1783**

CFR2E034 (10/97)