

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # J74718 (4)
1. Corporation Name
BROWN'S 23 1/2 HOUR WRECKER SERVICE, INC.



Principal Place of Business: **LINDA D FUHRMAN
206 S. WALLER ST.
PLANT CITY FL 33566
US**

Mailing Address: **LINDA D FUHRMAN
206 S. WALLER ST.
PLANT CITY FL 33566
US**

3. Date Incorporated or Qualified: **06/01/1987**

3a. Date of Last Report: **10/05/1995**

4. FEI Number: **59-2807460**

5. Certificate of Status Desired: Applied For Not Applicable

6. Election Campaign Financing Trust Fund Contribution: **\$8.75 Additional Fee Required**

7. This corporation has liability for intangible tax under s. 199.03?, Florida Statutes: Yes No

8. **\$5.00 May Be Added to Fees**

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Zip Country

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent

**LINDA D FUHRMAN
206 S. WALLER ST.
PLANT CITY FL 33566**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

FL

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 _____ DATE _____
Signature typed in parentheses of registered agent and director (delete Registered Agent's signature here when resigning)

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KEYSER, KENNETH	
STREET ADDRESS	206 S. WALLER ST.	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	FUHRMAN, LINDA D	
STREET ADDRESS	206 S WALLER ST	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	COURTNEY, ESTHER K	
STREET ADDRESS	206 S WALLER ST	
CITY-ST-ZIP	PLANT CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	
62. NAME	
63. STREET ADDRESS	
64. 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Linda D. Fuhrman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LINDA D. FUHRMAN

08-01-96 813-752-2727

CR2E034 (3/96)