

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

FILED

Apr 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J92607

(7)

1. Corporation Name

NORTH FLORIDA TOWING, INC.

Principal Place of Business

Mailing Address

ROUTE 10 BOX 390
LAKE CITY FL 32025
US

ROUTE 10, BOX 390
226 S. COLUMBIA ST
LAKE CITY FL 32025-7033
US

3. Date Incorporated or Qualified

09/14/1987

3a. Date of Last Report

02/13/1996

4. FEI Number

59-2860071

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Route 10 Box 390
Suite, Apt. #, etc.

26 Route 10 Box 390
Suite, Apt. #, etc.

22 City & State
Lake City, FL

27 PO Box 895
City & State
Lake City, FL

23 Zip
32025

28 Zip
32025

24 Country

29 Country

9. Name and Address of Current Registered Agent

BERRY, J.P.
RTE. 10, BOX 390
LAKE CITY FL 32055

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 type: Incorporator, registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE |
|-------|-------------|------------------|-----------------|--------------------------|
| D | BERRY, J.P. | RTE. 10, BOX 390 | LAKE CITY FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change | Addition |
|--|--|---|---|--------------------------|--------------------------|
| 2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td></td> | 2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td> | 2.3 STREET ADDRESS <td>2.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td> | 2.4 CITY - ST - ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE <td>3.2 NAME<td>3.3 STREET ADDRESS<td>3.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td></td> | 3.2 NAME <td>3.3 STREET ADDRESS<td>3.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td> | 3.3 STREET ADDRESS <td>3.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td> | 3.4 CITY - ST - ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE <td>4.2 NAME<td>4.3 STREET ADDRESS<td>4.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td></td> | 4.2 NAME <td>4.3 STREET ADDRESS<td>4.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td> | 4.3 STREET ADDRESS <td>4.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td> | 4.4 CITY - ST - ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE <td>5.2 NAME<td>5.3 STREET ADDRESS<td>5.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td></td> | 5.2 NAME <td>5.3 STREET ADDRESS<td>5.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td> | 5.3 STREET ADDRESS <td>5.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td> | 5.4 CITY - ST - ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE <td>6.2 NAME<td>6.3 STREET ADDRESS<td>6.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td></td> | 6.2 NAME <td>6.3 STREET ADDRESS<td>6.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td> | 6.3 STREET ADDRESS <td>6.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td> | 6.4 CITY - ST - ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/97 (904) 752-1308

CR2E034 (9/96)