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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J92607**1. Corporation Name
NORTH FLORIDA TOWING, INC.

FILED Feb 24 1998 8:00am Secretary of State

n Address	A STATE OF THE PROPERTY OF THE

Principal Place of Business Mailing Addre ROUTE 10 BOX 390 LAKE CITY FL 32025 ROUTE 10 BOX 390 PO BOX 895 LAKE CITY FL 32025 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/14/1987 2. Principal Place of Business Applied For 4. FEI Number Koute 10 Box 390 Koute 10 Bux 390 59-2860071 Not Applicable Suile, Ant. #, etc. DO BOX 895 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be E City, FL LAKE Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
Yes No Personal Property Tax due June 30. Name and Address of Current Registered Agen 10. Name and Address of New Registered Agent BERRY, J.P. Name RTE. 10, BOX 390 Street Address (P.O. Box Number is Not Acceptable) LAKE CITY FL 32055 вэ 84 City 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 (NOTE Registered Agent signature required when reinstating OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1 1 TITLE BERRY, J.P. NAME 1.2 NAME RTE. 10, BOX 390 STREET ADDRESS 1.3 STREET ADDRESS LAKE CITY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change 2.1 TITLE Addition NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CHTY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DETETE TITLE 6.1 TITLE Change ___ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP

14. Thereby 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

and the second

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