

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**

**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # J92607** ✓

1. Corporation Name

NORTH FLORIDA TOWING, INC.

## Principal Place of Business

 RT 10 BOX 390  
 LAKE CITY FL 32025  
 US

## Mailing Address

 RT 10 BOX 280  
 PO BOX 896  
 LAKE CITY FL 32025  
 US

DO NOT WRITE IN THIS SPACE

## 3. Date Incorporated or Qualified

09/14/1987

## 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 owes the current year  
intangible Personal Property.☒ Yes☐ No

## 2. Principal Place of Business

21 Route 10 Box 390

Suite, Apt. #, etc.

## City &amp; State

23 Lake City, FL

24 Zip 32025

Country

## 2a. Mailing Address

26 Route 10 Box 390

Suite, Apt. #, etc.

## City &amp; State

28 Lake City, FL

29 Zip 32025

Country

30 Columbia

## 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

## TITLE

 D  
 BERRY, J.P.  
 RTE. 10, BOX 390  
 LAKE CITY FL
☐ DELETE
 Director  
 Alice F. Berry  
 Route 10 Box 390  
 Lake City, FL
☐ DELETE
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/12/99 904-752-1308

CR2E034 (5/99)