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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	.192661
4 Compretion Name	OCCO.

B & B TOWING SERVICE, INC.

Principal Place	of Business	Mailing Address					
3800 PROSPECT AVENUE NAPLES FL 34104		3800 PROSPECT AVENUE	3800 PROSPECT AVENUE				
		NAPLES FL 34104		DO NOT WRITE IN THIS SPACE			
		•			3. Date incorporated or Qualifed	1110 01 7102	
					09/17/1987		
a Discipul Di	and Ducinoss	2a. Mailing Address			4. FEI Number	Apr	olied For
─ '	ace of Business	-			59-2847790	<u></u>	Applicable
Suite, Apt.	4 ata	Suite, Apt. #, etc.				\$8.75 A	
	r, etc.	<u> </u>			5. Certifcate of Status Desired	Fee Red	
22 City & State		City & State			6. Election Campaign Financing	\$5.00	May Bo
City & State		⊢ ′			Trust Fund Contribution	Added to	
23 Zin	Country	Zip	Country		This corporation owes the current yea		
Zip	·	<u>├</u> ──	~ ´		Personal Property Tax.	Yes	⊠No
24	9. Name and Address of Current		<u>'I</u>		10. Name and Address of New Register		
	9. Name and Address of Current	Registered Agent	81	Name	10. 11.		
SALIS	SBURY, WILLIAM L.	•	L				
	14TH AVENUE SW		82	Street	Address (P.O. Box Number is Not Acceptable)		
_	ES FL 33982		83	ļ			
INACL	E3 FE 33902		63	ĺ		_	
			84	City		EL 85 Zip C	ode L
11 Pursuant t	o the provisions of Sections 607.050	2 and 607.1508. Florida Statutes.	the abov	e-named	corporation submits this statement for the purpos	e of changing its	registered
office or re	agistered agent or both in the State (of Florida. Such change was auth	ionzea by	the corp	oration's board of directors. I hereby accept the ag	pointment as reg	jistered
agent. I ar	n familiar with, and accept the obligat	tions of, Section 607,0505, Florida	a Statutes	i.	W-5)6-99_	}
SIGNATURE	b)grature, typed or printed happe of registered agen	nt and title if applicable. (NOTE: Re	rustered Ane	nt signature r	required when reinstating) DATE	W 11	
12,		D DIRECTORS	13,		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PST	☐ DELETE	1.1 TITLE		15	☐ Change	Addition
NAME	SALISBURY, WILLIAM L.		1.2 NAME		Mizell, ELEANOR		
STREET ADDRESS	6090 14TH AVENUE SW		•	T ADDRESS	1		
	NAPLES FL 34112		1.4 CITY-S		NAPIES, FL 34117		
CITY-ST-ZIP		☐ DELETE	2.1 TITLE	11-21	S	☐ Change	Addition
	D CALICPURDY WILLIAM I		2.2 NAME		ELLIS, April 5.		
NAME	SALISBURY, WILLIAM L.		1	T ADDRESS	If		
STREET ADDRESS	6090 14TH AVENUE SW				NAPLES, FL 34104		
CITY-ST-ZIP	NAPLES FL	☐ DELETE	2.4 CITY-1	51 <u>-21</u> P	9	Change	Addition
TITLE		C DETECT	3.1 HILE		Vander-Wende, William		_
NAME				T 4000-00			
STREET ADDRESS				T ADDRESS	NAPIES H 34104		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-	S1-ZIP	NAPIES, FL SHIP I	☐ Change	Addition
TITLE	· u	UELE1E	4.1 TITLE		0 0.		
NAME			4. 2 NAME		Parvin, Shawn		
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	NAPIES, FC 34104	☐ Change	Addition
TITLE		☐ DELETE	5.1 TITLE		D la Olhert	□ cuange	L.Fraggiabil
NAME			5.2 NAME		Almeda, Albert 3800 Prospect Ave		
STREET ADDRESS				TADDRESS			ļ
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP	NAPIES, FL 34104		5 A Lines
TITLE	•	☐ DELETE	6.1 TITLE		5	Change	Addition
NAME			6.2 NAME		GARner, John		
STREET ADDRESS			6.3 STREE	T ADDRESS	3800 Prospect Due		

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, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90171 016 ***158.75

CR2E034 (11/98)

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3 BAllsbury, Iona -090 14th Aue 9.w. Japles, FC 34104

Addition

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