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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K14309

(4)

BRUCE'S TOWING SERVICE., INC.

FILED
Feb 28 1997 8:00am
Secretary of State

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Principal Place of Business 10833 PHILLIPS HWY JAX FL 32256 US		Mailing Address 10833 PHILLIPS HWY. JACKSONVILLE FL 32256-1552 US		1 MOSTONII OBY FEGUL DINGO PENI OBNID MOTE DIDJI BERNI BERNI GEORI GEORI GEORI				
03		00			3. Date Incorporated or Qualified 02/04/1988	3a. Date of La 06/13/19		
2. Principal F	Pace of Business	2a. Mailing Addres	S		4. FEI Number		Applied For	
21		26		·····	59-2871347		Not Applicable	
Suite. Apt. #. etc. 22			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	16)	City & State			6. Election Campaign Financing		.00 May Be	
23		28	28		Trust Fund Contribution	Added to Fees		
Ζιρ	Country	Zip	Caun	try	8. This corporation has liability for i	ntangible tax und	der s. 199.032,	
24	25	29	30		Florida Statutes	Yes No		
 	9. Name and Address of Curre	ent Registered Agent		11 Name	10. Name and Address of New Re-	gistered Agent		
MACK, CARLA 11514 JOANCE LN JACKSONVILLE FL 32223				1	reet Address (P.O. Box Number is Not Acceptable)			
}			1	14 City		85	Zip Code	
					poration submits this statement for the p	<u> </u>		
SIGNATURE	Sgram byed or jector carn of condendar OFFICERS A				tion's board of directors. I hereby acception's board of directors. I hereby acception is a complete to the directors of the directors of directors. I hereby acception is a complete to the directors of directors. I hereby acception is a complete to the directors of directors of directors. I hereby acception is a complete to the directors of directors of directors of directors. I hereby acception is a complete to the directors of directors	DATE		
TOLE	PO	☐ DELE	TE 1.1 TITL	F		☐ Cha	inge Addition	
NAME	URFF, BRUCE WILLIAM		1.2 NAM	E	•			
SIREE: ASORESS		•	1.3 STR	EFT ADDRESS				
Crty - ST - ZiP	JACKSONVILLE FL			-S1-ZIP				
HTLE	ST UPSE POUGS HER LIAM	☐ DELE		j		Cha	inge 🔲 Addition	
NAM:	URFF, BRUCE WILLIAM		2.2 NAV	1			•	
STREET ADDRESS				EET ADDRESS				
CHY-ST-20	JACKSONVILLE FL	7000		Y-ST-ZIP		T 36.	nne Lidda	
Till:F 		DITE	1	1.		∟ Cha	inge Addition	
NAMI Greek Lassebiles			3.2 NAN					
STREET ADDRESS			1	EET ADDRESS				
CHY-S1-20:		DELE		Y-ST-ZIP F		☐ Chi	inge Addition	
NAME			4. 2 NA					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				r-ST-ZIP				
TIPLE		DELE				Chi	inge 🔲 Addition	
NAME:			5.2 NAA	1E				
STREET ADDRESS			5.3 STR	EET ADDRESS				
CITY ST-ZIP			5.4 CITY	(-ST-2)P				
IIIce		DELE	TE 617iTL	E		☐ Ch	ange Addition	
NAME			6.2 NAN	1E				
STREET ADDRESS			6.3 STR	EET ADDRESS				
City St-7≥			64 C/T	r-ST-ZiP				
44 1 4 4 4 4 4	I am the state of	to all the state of the state o	A 1 &		d in Contine 110 07/21/it Florida Statuta		AL - LAL .	

4. 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 and cated on this armual report or supplicit entering the same legal effect as if made under oath; that I aman officer or director of the corporation or the receiver or trustee propovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an allachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-97 Date

904-260-3000 Dayline Priore