

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # L09952 (7)

1. Corporation Name:

SUNCOAST TOWING AND RECOVERY, INC.



Principal Place of Business

**6923 W. MILLSBOROUGH AVE.
TAMPA FL 33634**

Mailing Address

**1712 AUDREY DR
CLEARWATER FL 34619
US**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CORLETT, LAURA A.
1712 AUDREY DR.
CLEARWATER FL 34619**

3. Date Incorporated or Qualified

08/17/1989

3a. Date of Last Report

04/26/1995

4. FET Number

59-2960030

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

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 607.0600 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 changes were 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 607.0600, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent's Representative

Signature of Registered Agent or Registered Agent's Representative

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	CORLETT, LAURA A.	
STREET ADDRESS	1712 AUDREY DR.	
CITY, ST, ZIP	CLEARWATER FL	
TITLE	P	☐ DELETE
NAME	CORLETT, SCOTT	
STREET ADDRESS	1712 AUDREY DRIVE	
CITY, ST, ZIP	CLEARWATER FL	
TITLE	ST	☐ DELETE
NAME	CORLETT, LAURA S.	
STREET ADDRESS	1712 AUDREY DRIVE	
CITY, ST, ZIP	CLEARWATER FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information declared on this annual report or supplemental and/or report in lieu of annual state 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 or power of attorney holder of the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on or after a filing with an address.

SIGNATURE:

Laura A. Corlett **Laura Corlett**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/96 (813) 888-8999

DATE (Month/Day/Year) TELEPHONE NUMBER

CR2E034 (12/95)