

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L43631** (5)

1. Corporation Name
TOWING, INC.



Principal Place of Business
**1896 HIGHWAY A1A
INDIAN HARBOUR BEACH FL 32937
US**

Mailing Address
**1896 HIGHWAY A1A
INDIAN HARBOUR BEACH FL 32937
US**

2. Principal Place of Business
21 State Apt. #, etc.
22 City & State
23 Zip
24 Country
25 Country
26 State Apt. #, etc.
27 City & State
28 Zip
29 Country
30 Country

3. Date Incorporated or Qualified **01/11/1990**
3a. Date of Last Report **03/06/1995**
4. FET Number **59-2979992**
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

9. Name and Address of Current Registered Agent

**LANFORD, J. SCOTT, P.A.
SPECTRUM CENTRE, STE. 201
200 SO. HARBOR CITY BLVD.
MELBOURNE FL 32901**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.07(2) 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 607.07(6), Florida Statutes.

SIGNATURE

(Signature of Officer or Director)

(Signature of Tax Preparer or Registered Agent)

Date

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE
NAME **D DEAN, DARRELL R.**
STREET ADDRESS **100 OYSTER PLACE**
CITY-STATE-ZIP **ROCKLEDGE FL**
2. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I 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)(k), 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 or person 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 in an attachment with an address.

SIGNATURE: **X**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X **1-19-96**
DATE

CR2E034 (12/95)