

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L82944** (4)

1. Corporation Name

HOME TOWN TOWING, INC.

Lynn Haven, FL 32444



Principal Place of Business

Mailing Address

C/O NORMAN J. MAYO
1729 CHRISTOPHER STREET
LYNN HAVEN FL 32444

*1705 ALA AVE
LYNN HAVEN FL
32444*

C/O NORMAN J. MAYO
1729 CHRISTOPHER STREET
LYNN HAVEN FL 32444-3313

3. Date Incorporated or Qualified

06/22/1990

3a. Date of Last Report

04/11/1996

2. Principal Place of Business

21 **1705 Alabama Avenue**

Suite, Apt. #, etc.

2a. Mailing Address

26 **1705 Alabama Avenue**

Suite, Apt. #, etc.

4. FEI Number

59-3017807

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

22 City & State

23 **Lynn Haven, FL**

27 City & State

28 **Lynn Haven, FL**

24 Zip

32444

Country

USA

29 Zip

32444

Country

USA

9. Name and Address of Current Registered Agent

**MAYO, NORMAN J.
1729 CHRISTOPHER STREET
LYNN HAVEN FL 32444**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1705 Alabama Avenue

83

84 City

Lynn Haven

85 State

FL

Zip Code

32444

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **MAYO, NORMAN J.**
STREET ADDRESS **1729 CHRISTOPHER STREET**
CITY-ST-ZIP **LYNN HAVEN FL**

TITLE **SD** ☐ DELETE

NAME **MAYO, TAMMY D.**
STREET ADDRESS **1729 CHRISTOPHER STREET**
CITY-ST-ZIP **LYNN HAVEN FL**

TITLE **VO** ☐ DELETE

NAME **TODD, WILLIAM L.**
STREET ADDRESS **1729 CHRISTOPHER STREET**
CITY-ST-ZIP **LYNN HAVEN FL**

TITLE **TD** ☐ DELETE

NAME **TODD, SHIRLEY G.**
STREET ADDRESS **1729 CHRISTOPHER STREET**
CITY-ST-ZIP **LYNN HAVEN FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **1705 Alabama Avenue**
1.4 CITY-ST-ZIP **Lynn Haven, FL 32444**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **1705 Alabama Avenue**
2.4 CITY-ST-ZIP **Lynn Haven, FL 32444**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **1705 Alabama Avenue**
3.4 CITY-ST-ZIP **Lynn Haven, FL 32444**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS **1705 Alabama Avenue**
4.4 CITY-ST-ZIP **Lynn Haven, FL 32444**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97

Date

904 265 1562

Daytime Phone #

CR2E034 (9/96)