

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

0000113

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **L82944**

1. Corporation Name  
**HOME TOWN TOWING, INC.**

Principal Place of Business

**1705 ALABAMA AVE  
LYNN HAVEN FL 32444  
US**

Mailing Address

**1705 ALABAMA AVE  
LYNN HAVEN FL 32444  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

**MAYO, NORMAN J.  
1705 ALABAMA AVE  
LYNN HAVEN FL 32444**

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 607.0502 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 title if applicable

(NOTE: Registered Agent signature required when changing status)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD [ ] DELETE

NAME **MAYO, NORMAN J.**

STREET ADDRESS **1705 ALABAMA AVE**

CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE SD [ ] DELETE

NAME **MAYO, TAMMY D.**

STREET ADDRESS **1705 ALABAMA AVE**

CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE VD [ ] DELETE

NAME **TODD, WILLIAM L.**

STREET ADDRESS **1705 ALABAMA AVE**

CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE TD [ ] DELETE

NAME **TODD, SHIRLEY G.**

STREET ADDRESS **1705 ALABAMA AVE**

CITY-ST-ZIP **LYNN HAVEN FL 32444**

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.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

**400002907624--3**

**-06/17/99--01064--001**

**\*\*\*\*550.00 \*\*\*\*550.00**

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

**SD 99 800 252-4068**

CR2E034 (11/98)