FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 PM 2:26

DOCUMENT # **L89409** **(1)**

1. Corporation Name
BOB'S TOWING, INC.

Principal Place of Business	Mailing Address
3950 SW 47 AVE DAVIE FL 33314 US	P O BOX 6130 HOLLYWOOD FL 33021 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/27/1990**
3a. Date of Last Report: **05/20/1994**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **65-0209660** ☐ 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 § 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MUCHA, MICHAEL A
14761 MADISON PLACE
DAVIE FL 33325

10. Name and Address of New Registered Agent

81 Name: MUCHA, MICHAEL A
82 Street Address (P.O. Box Number is Not Acceptable): 3950 SW 47 AVE
83:
84 City: DAVIE FL 85 Zip Code: 33314

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	11 TITLE	P/S	☒ Change ☐ Addition
NAME	MUCHA, MICHAEL A	12 NAME	MUCHA, michael A	
STREET ADDRESS	14761 MADISON AVE	13 STREET ADDRESS	3950 SW 47 AVE	
CITY ST ZIP	DAVIE FL	14 CITY ST ZIP	DAVIE FL 33314	
TITLE	S	21 TITLE	D	☒ Change ☐ Addition
NAME	MUCHA, VIRGINIA S.	22 NAME	mucha, Virginia S	
STREET ADDRESS	6690 STIRLING RD	23 STREET ADDRESS	6690 stirling Rd	
CITY ST ZIP	HOLLYWOOD FL	24 CITY ST ZIP	Hollywood Fla 33024	
TITLE	V	31 TITLE	V/T	☒ Change ☐ Addition
NAME	MUCHA MORMA	32 NAME	mucha, Norma A	
STREET ADDRESS	14761 MADISON PLACE	33 STREET ADDRESS	3950 SW 47 AVE	
CITY ST ZIP	DAVIE FL 33325	34 CITY ST ZIP	DAVIE Fla 33314	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	TORRES TIMOTHY	42 NAME	Tim Torres	
STREET ADDRESS	2231 N. 66 AVE.	43 STREET ADDRESS	DELETE	
CITY ST ZIP	HOLLYWOOD FL 33021	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: _____ 6-2-95 305-587-0039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)
MICHAEL MUCHA

0423005 FP