

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90029 007 ***150.00

DOCUMENT # L89409

1. Corporation Name
BOB'S TOWING, INC.



Principal Place of Business

5750 SR 7
SUITE 203
FT LAUDERDALE FL 33014
US

Mailing Address

P O BOX 6130
HOLLYWOOD FL 33021
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1990

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 4601 OAKES ROAD

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State
DAVIS FL

27 City & State

24 Zip 33314 Country Broward

29 Zip Country

9. Name and Address of Current Registered Agent

MUCHA, MICHAEL A.
5750 SR 7
SUITE 203
FT LAUDERDALE FL 33314

10. Name and Address of New Registered Agent

81 Name Mucha, Michael A
82 Street Address (P.O. Box Number is Not Acceptable)
4601 OAKES ROAD
83
84 City Davis 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

Michael Mucha

2-10-99

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|---------------------------------|------------------|----------------|-------------|
| PS | MUCHA, MICHAEL A | 3950 SW 47 AVE | DAVIE FL |
| <input type="checkbox"/> DELETE | | | |
| <input type="checkbox"/> DELETE | | | |
| <input type="checkbox"/> DELETE | | | |
| <input type="checkbox"/> DELETE | | | |
| <input type="checkbox"/> DELETE | | | |
| <input type="checkbox"/> DELETE | | | |
| <input type="checkbox"/> DELETE | | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP |
|------------------------------------------------------------------------------|------------------|--------------------|-----------------|
| PS | MUCHA, MICHAEL A | 4601 OAKES ROAD | DAVIE FL 33314 |
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | VP | KANNING DAKEN | 4601 OAKES ROAD |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | DAVIE FL 33314 | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-10-99 954 584-0039

CR2E034 (11/98)