FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996 7-11-96 B-7296 C

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

DOCUMENT # L98375 (3)

1. Corporation Name

JONES TOWING AND RECOVERY, INC.

Principal Place of Business
4017 WOODVILLE HWY
TALLAHASSEE FL 32311
US

Mailing Address
4017 WOODVILLE HWY
TALLAHASSEE FL 32311
US

2. Principal Place of Business
21 4017 Woodville Hwy
Suite, Apt. #, etc
22
City & State
23 TALLA, FL
Zip
24 323 11
Country
25 USA

2a. Mailing Address
26 P.O. Box 13931
Suite, Apt. #, etc.
27
City & State
28 TALLA, FL
Zip
29 32317
Country
30 USA

3. Date Incorporated or Qualified: 08/31/1990
3a. Date of Last Report: 07/03/1995
4. FEI Number: 59-3043109 ☐ 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

9. Name and Address of Current Registered Agent

EDER, ROBERT HERMAN, SR.
2813 CAVEN DRIVE
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent
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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	☐ DELETE
NAME	EDER, ROBERT H., SR.	
STREET ADDRESS	2813 CAVAN DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	P	☐ DELETE
NAME	EDER, ROBERT H., JR.	
STREET ADDRESS	1555 DELANEY DRIVE #114	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	ST	☐ DELETE
NAME	EDER, SYLVIA T.	
STREET ADDRESS	2813 CAVAN DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VP	☒ DELETE
NAME	HOLLOWAY, SCOTT M.	
STREET ADDRESS	862 MCGINNIS LANE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	KEITH T. BRAMBLETT	☐ DELETE
NAME	3531 Robin Rd	
STREET ADDRESS	TALLA, FL	
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		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VP	☐ Change ☐ Addition
5.2 NAME	KEITH T. BRAMBLETT	
5.3 STREET ADDRESS	3531 Robin Rd	
5.4 CITY-ST-ZIP	TALLA, FL 323 11	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 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: Sylvia T. Eder, Sec/Tres. 6/5/95 668-4815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sylvia T. EDER
Daytime Phone