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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 MAR 31 AM 11:53

DOCUMENT # **M92376** **(6)**

1. Corporation Name
FLORIDA TOWING COMPANY

Principal Place of Business	Mailing Address
% C T CORPORATION SYSTEM 8751 WEST BROWARD BLVD. PLANTATION FL 33324	% C T CORPORATION SYSTEM 8751 WEST BROWARD BLVD. PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/03/1988**
3a. Date of Last Report: **03/04/1994**

2. Principal Place of Business	2a. Mailing Address
21 c/o CT Corporation System	26 c/o CT Corporation System
Suite, Apt. #, etc. 22 1200 S. Pine Island Road	Suite, Apt. #, etc. 27 1200 S. Pine Island Road
City & State 23 Plantation, FL	City & State 28 Plantation, FL
Zip: 24 33324 Country: 25 USA	Zip: 29 33324 Country: 30 USA

4. FEI Number: **65-0084612** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
(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	DVT	11 TITLE		☐ Change ☐ Addition
NAME	CHRISTENSEN, LEE R.	12 NAME		
STREET ADDRESS	2 GREENWICH PLAZA	13 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT	14 CITY-ST-ZIP		
TITLE	DP	21 TITLE		☐ Change ☐ Addition
NAME	MACLEOD, MALCOLM W.	22 NAME		
STREET ADDRESS	2 GREENWICH PLAZA	23 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT	24 CITY-ST-ZIP		
TITLE	S	31 TITLE	S/GC	☒ Change ☐ Addition
NAME	MARCHISOTTO, ALAN	32 NAME		
STREET ADDRESS	2 GREENWICH PLAZA	33 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	MORAN, EDMOND J JR	42 NAME		
STREET ADDRESS	1615 THAMES STR, BLDG B	43 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD	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 complete, accurate 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 above, or on an attachment with an X in that box.

SIGNATURE: _____ 3/28/95 203 625-7846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #