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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M96280

(6)

STEPP'S TOWING SERVICE WEST, INC.

FILED								
May 02 1997 8:00am	Ì							
Secretary of State								

n company des como dista bione corte doct desti Brate Diate Diate Colle Colle Stari Coll

Principal Plac	e of Business	Mailing Address				BEDIL DIDEL DIBEL BIDIL BIDIL	
9602 E. U.S. H		9602 E. U.S. HWY. 92					
TAMPA FL 336	810	TAMPA FL 33610-5928					
			•		3. Date Incorporated or Qualified 08/29/1988	3a. Date of Last F 04/30/1996	Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	, A	pplied For	
21		26			59-2912061	······································	
Sulte, Apt. #, etc.		├ - -┐ '	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State			City & State		6. Election Campaign Financing \$5.00 May Be		
23		28	•		Trust Fund Contribution		to Fees
Zip	Country	Zip	Country		8. This corporation has liability for	intangible tax under r	s. 199.032,
24	25		30			Yes No	
	9, Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	gistered Agent	
	IKIN, DAVID P.		81	Name			
	O W CYPRESS, STE 500		82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
TAM	IPA FL 33607		83				
			84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508. Florida Statute	s, the above	e-named cor	poration submits this statement for the p	ournose of changing	its registered
office or i	registered agent, or both, in the Sta am familiar with, and accept the obl	ite of Florida. Such chancie was at	uthorized by	z the corpora	tion's board of directors. I hereby acce	pt the appointment as	s registered
_	annamilia with, and accept the cor	galions of, occiton out today, i for	noa blattice	.1 .			
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable (NOTE	: Registered Age	ent signature requ	ired when reinstating)	DATE	
12.		ND DIRECTORS	18.		ADDITIONS/CHANGES TO OFFIC		
TITLE	DP	☐ DELETE	1.4 TITLE			☐ Change	Addition
NAME	STEPP, JAMES		1.2 NAME				
STREET ADDRESS	9602 E. U.S. HWY. 92	•	1.B STREET				
CITY-ST-ZIP TITLE	TAMPA FL DVT	DELETE	1.4 City-5 2.1 Title	ST-ZIP		Change	Addition
NAME	STEPP, JUDITH	LJ bearie	2 P NAME			onungo	
STREET ADDRESS	9602 E. U.S. HWY. 92		28 STREET	223900A			
CITY-ST-ZIP	TAMPA FL		2 4 CITY -				
TITLE	D	DELE1E	3.1 11TLE	51 E.II		☐ Change	☐ Addition
NAME	STEPP, RANDY J.		3.2 NAME				
STREET ADDRESS	9602 E. U.S. HWY. 92		3.3 STREE	ADDRESS			
CITY-ST-ZIP	TAMPA FL		3.4. CITY-	ST - ZIP			
TITLE	D	☐ DEL€TE	4.1 TITLE			Change	Addition
NAME	ROBERTS, SUE		4. 2 NAME				
STREET ADDRESS	9602 E. U.S. HWY. 92		4.3 STREET	ADDRESS			
CITY-ST-ZIP	TAMPA FL	T or ore	4.4 CITY - 5	S1-ZIP			Addition
TITLE	OTTOD TODD F	☐ DELETE	5.1 TITLE			☐ Change	ADDITION
NAME	STEPP, TODD E. 9802 E. U.S. HWY. 92		5.2 NAME	r ADDDECC			
STREET ADDRESS	TAMPA FL			ADDRESS			
CITY-ST-ZIP TITLE	TOTAL DIE	DELETE	5.4 CITY-1	51-5H		Change	Addition
NAME			6:2 NAME				
STREET ADDRESS				I ADDRESS			
CITY-ST-ZIP			64 CITY-	1			
14 I do here	by certify that the information supp	fied with this filing does not qualify	v for the exe	emption state	ed in Section 119.07(3)(i), Florida Statute	es. I further certify the	t the
intormati I am an e appears	on indicated on this annual report of officer or director of the Appropriation in Block 12 or Block & if changed,	in suppliemental annual report is the or the receiver or trustee empower, or on an attachment with an add	ue and acc ered to exe less.	urate and tha pule this repo	at my signature shall have the same legor ort as required by Chapter 607, Florida	arenect as it made u Statutes; and that my	name