

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001623 (7)**
1. Corporation Name
TALLHASSEE TOWING & RECOVERY ASSOCIATION INC.



Principal Place of Business P.O. BOX 20014 TALLHASSEE FL 32316-0014	Mailing Address P.O. BOX 20014 TALLHASSEE FL 32316-0014
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3. Date Incorporated or Qualified 04/01/1994	
4. FEI Number 59-3267295	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

HARRELL, VERONICA A.
~~8070-13 DOME LEVEL RD~~
TALLHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1283 Comanche Lane

83

84 City **Tallahassee** FL 85 Zip Code **32304**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME JOHNSON, MIKE	
STREET ADDRESS 4016 WIGGINTON RD	
CITY-ST-ZIP TALLHASSEE FL 32303	
TITLE TD	<input type="checkbox"/> DELETE
NAME HARRELL, VERONICA	
STREET ADDRESS 8070-13 DOME LEVEL ROAD	
CITY-ST-ZIP TALLHASSEE FL 32304	
TITLE PD	<input type="checkbox"/> DELETE
NAME LANDRLY, LAWRENCE	
STREET ADDRESS 1153 COMANCHE LN	
CITY-ST-ZIP TALLHASSEE FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Michael Copenhaver	
1.3 STREET ADDRESS 4130 Cornish Dr.	
1.4 CITY-ST-ZIP Tallahassee, FL. 32303	
2.1 TITLE T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Veronica Harrell	
2.3 STREET ADDRESS 1283 Comanche Lane	
2.4 CITY-ST-ZIP Tallahassee, FL. 32304	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 617 Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Veronica A. Harrell* 3/13/98 (850) 576-4273

CFR2037 (10/97)