

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT #

N94000002402

1. Corporation Name

Jacksonville Wrecker Association, Inc.

Principal Place of Business

Mailing Address

2934 Phillips Hwy

Jacksonville, FL 32207

SAME

2. Principal Place of Business

2a. Mailing Address

21 2934 Phillips Hwy

26 2934 Phillips Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

Jacksonville, FL

City & State

Jacksonville, FL

23

28

Zip

32207

Country

US

Zip

32207

Country

US

24

29

30

3. Date Incorporated or Qualified

5/12/94

3a. Date of Last Report

5/95

4. FEI Number

59-3263747

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

Gary Loveless
600 Wharfside Way
Jacksonville, FL 32207

10. Name and Address of New Registered Agent

81 Name
Mrs. Cathy Gooding
82 Street Address (P.O. Box Number is Not Acceptable)
Z&E Transport
83 2934 Phillips Highway
84 City
Jacksonville FL 85 Zip Code
32207

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/10/96

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Kenneth Crawford	"T"
STREET ADDRESS	9032 Old Kings Rd	
CITY - ST - ZIP	Jax, FL 32219	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Terry McCart	"T"
STREET ADDRESS	1203 Bernita Street	
CITY - ST - ZIP	Jax, FL 32211	
TITLE	Sec/Trea	<input type="checkbox"/> DELETE
NAME	Cathy B. Gooding	"T"
STREET ADDRESS	2934 Phillips Hwy	
CITY - ST - ZIP	Jax, FL 32207	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	800001884688
5.3 STREET ADDRESS	-07/05/96--01028--037
5.4 CITY - ST - ZIP	***61.25
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96

904-391-0011

Date

Daytime Phone #

CR2E037 (12/95)