

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000062003

FILED  
Sep 22, 2005  
Secretary of State

Entity Name: TB TOWING & RECOVERY, INC.

## Current Principal Place of Business:

4449 OLD WINTER GARDEN RD  
ORLANDO, FL 32811

## New Principal Place of Business:

4449 OLD WINTER GARDEN RD  
ORLANDO, FL 32811 US

## Current Mailing Address:

P O BOX 616196  
ORLANDO, FL 32861

## New Mailing Address:

% CENTRAL FLORIDA EQUIPMENT P O BOX 67  
FERNDAL, FL 34729 US

FEI Number: 27-0015266

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

H & C DEVELOPMENT, INC.  
4449 OLD WINTER GARDEN ROAD  
ORLANDO, FL 32811 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: COLLEEN M BRAINARD

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TAYLOR, JOSEPH A  
Address: 5304 BALBOA DR  
City-St-Zip: ORLANDO, FL 32808

Title: V ( ) Delete  
Name: MONTFORD, CAROL A  
Address: 5304 BALBOA DR  
City-St-Zip: ORLANDO, FL 32808

Title: ST ( ) Delete  
Name: H & C DEVELOPMENT, I, NC.  
Address: 4449 OLD WINTER GARDEN RD  
City-St-Zip: ORLANDO, FL 32811 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: TAYLOR, JOSEPH A  
Address: 4213 N PINE HILLS RD  
City-St-Zip: ORLANDO, FL 32808 US

Title: V (X) Change ( ) Addition  
Name: MONTFORD, CAROL A  
Address: 414 N JOHN ST  
City-St-Zip: ORLANDO, FL 32835

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLLEEN M BRAINARD

ST

09/22/2005

Electronic Signature of Signing Officer or Director

Date