

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

04-30-2004 90239 030 ***150.00

DOCUMENT # P03000103211 1. Entry Name TRI-COUNTY TOWING & RECOVERY, INC.					
Principal Place of Business P.O. BOX 68 CHIEFLAND, FL 32644			Mailing Address P.O. BOX 68 CHIEFLAND, FL 32644		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 13-4262985				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				04192004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SHEPHERD, CLARA E 102 S W 2ND STREET CHIEFLAND, FL 32616			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Clara E. Shepherd</u> DATE: <u>5-19-04</u> (Signatures, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHEPHERD, CLARA E P.O. BOX 68 CHIEFLAND, FL 32644	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SHEPHERD, WYATT C P.O. BOX 68 CHIEFLAND, FL 32644	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Clara E. Shepherd</u> SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR				<u>5-19-04</u> <u>352-493-1818</u> Date Daytime Phone #	

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