PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P9200005180

SHADE TREE TOWING, INC.

FILED Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90035 034 ***158.75



Principal Place of Business Mailing Address						ı iğbilder ilb ibild ildil balılı balılı balılı)1 1011E 0011 F001
HIGHWAY 98 & 1ST		P.O. BOX 971					, <i>'</i>	
EASTPOINT FL 32328		EASTPOINT FL 32328				DO NOT WRITE IN THIS SPACE		
	•					3. Date Incorporated or Qualifed	- TOL	
						11/17/1992		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		pplied For
_	lace of business	⊢ ¬ ¬	alling Address			59-3161453	·	ot Applicable
Suite, Apt.	# ato	Suite, Apt. #, etc.						Additional
	#, 6 10.	27				5. Certifcate of Status Desired		dequired
City & Stat	9	City & State				6. Election Campaign Financing	\$5.00	May Ba
23	_	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip Country				This corporation owes the current year Intangible		
24	25	29 30				Personal Property Tax. ☐ Yes ☐ No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
					Name			•
MILLER, JAMES H				82	C+	Hone (F.O. Boy Number is Not Assentable)		
HIGHWAY 98 FIRST STREET				82	Street Addr	et Address (P.O. Box Number is Not Acceptable)		
EASTPOINT FL 32328			83					1: 3: 1:4
							}	5 5 5
• . •	· ·		-	84	City	F	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502 a	and 607.1508. Florida Statute	s. the ab	ove-	named corp	oration submits this statement for the purpose	of changing it	s registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.								
agent. i a	m ramiliar with, and accept the obligation	ns oi, Section 607.0505, Flor	iua Statu	les.				
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable (NOTE:	Registered A	Agent :	signature require	d when reinstating) DATE	-	
12. OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P DELETE			1.1 TITLE			Change	- 🗔 Addition
NAME	MILLER, JAMES H JR.			1.2 NAME				1
STREET ADDRESS	1			1.3 STREET ADDRESS				
CITY-ST-ZIP	EASTPOINT FL 32328		1.4 CITY-ST-ZIP			•		
TITLE	VP DELETE			2.1 TITLE			☐ Change	☐ Addition
NAME	MILLER, JAMES H SR.			2.2 NAME				
STREET ADDRESS	THE PARTY OF CODE IN THE PARTY OF			2.3 STREET ADDRESS				1
CITY-ST-ZIP				2. 4 CITY-ST-ZIP				
TITLE	S DELETE			3.1 TITLE			☐ Change	Addition
NAME : .	MILLER, JEANETTE			3.2 NAME				
STREET ADDRESS	HIGHWAY 98 CORNER NOWELL ST.			3.3 STREET ADDRESS				,
CITY-ST-ZIP	EASTPOINT FL 32328		1	3.4. CITY-ST-ZIP				
TITLE	LAUTE OHAT I L 32320	☐ DELETE	4.1 TIT				Change	Addition
NAME			4. 2 NA			. ,	_ •	_
•			1		ADDESS			
STREET ADDRESS				4.3 STREET ADDRESS 4.4 CITY+ST-ZIP			,	* .
CITY-ST-ZIP		□ DELETE 5.1T			ZIF	-	[] Change	Addition
· · · · ·	,		5.1 NAM					
					ADDRESS .			
REET ADDRESS	· .		5.4 CIT				•	
-ST-ZIP		☐ DELETE	6.1 TITL		· LIF		Change	Addition
Æ		☐ DETEIE	6.2 NA				□ cusige	
1	1 .		0.2 NAV	ME				ļ

6.4 CITY-ST-ZIP 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 dicated 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 accer 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 ock 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

JT-ZIP



858-676-82/9