FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
Jun 27, 1996 08:00 AM
Secretary of State

DOCUMENT # P92000015724

1. Corporation Name
FULKERSON TOWING, INC.

Principal Place of Business
1875 SR 207
ST AUGUSTINE, FL 32086

Mailing Address

2. Principal Place of Business
21 1875 SR 207
Suite, Apt. #, etc
22
City & State
23 ST. AUGUSTINE, FL
Zip 24 32086 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 2 DECEMBER 1992
3a. Date of Last Report: 1995
4. FEI Number: 59-3356377 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $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
CLARK SCHAFFER
100 SOUTHPARK BLVD
SUITE 407
ST AUGUSTINE, FL 32086

10. Name and Address of New Registered Agent
81 Name: JULIE RING
82 Street Address (P.O. Box Number is Not Acceptable): 3505 US 1 SOUTH
83
84 City: ST AUGUSTINE FL 85 Zip Code: 32086

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.

SIGNATURE: JULIE RING [signature: Julie Ring] 17 MAY 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS & DIRECTORS

	12.	
TITLE	PRESIDENT / DIRECTOR	☒ DELETE
NAME	WILLIAM A. FULKERSON	
STREET ADDRESS	1875 SR 207	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	13.		
1.1 TITLE	PRESIDENT / DIRECTOR	☒ Change	☐ Addition
1.2 NAME	GRANT C. MITCHELL		
1.3 STREET ADDRESS	3505 US1 SOUTH		
1.4 CITY-ST-ZIP	ST AUGUSTINE, FL 32086		
2.1 TITLE	VICE PRESIDENT / DIRECTOR	☒ Change	☐ Addition
2.2 NAME	VERA ZIEMANSKI-ALLEN		
2.3 STREET ADDRESS	4-A LOUISBURG LANE		
2.4 CITY-ST-ZIP	PALM COAST, FL 32137		
3.1 TITLE		☐ Change	☐ Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		☐ Change	☐ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		☐ Change	☐ Addition
5.2 NAME	000001879150 -06/28/96--01040--004 ***225.00		
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐ Change	☐ Addition
6.2 NAME	6-27-96		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature: Grant C. Mitchell] GRANT C. MITCHELL 17 MAY 1996 9047978600 x223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)