## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000015124 (0)

FULKERSON TOWING, INC.

## FILED May 29 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 1875 STATE RD 207 1875 STATE RD 207 ST AUGUSTINE FL 32086 ST AUGUSTINE FL 32086 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/24/1992 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 59-3157900 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country a. This corporation owes or has paid the current year Intangible ☐ Yes E] No Personal Property Tax due June 30. 24 25 29 30 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 RING, JULIE 3505 US 1 SOUTH Street Address (P.O. Box Number is Not Acceptable) ST AUGUSTINE FL 32086 83 84 City Zip Code 65 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 Lorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Furn familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or princed rish e of registered upont and title diapplicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DSTC DELETE 1.1 TITLE TITLE MITCHELL, GRANT C NAME 1.2 NAME 3541 RED CLOUD TRAIL STREET ADDRESS 1.3 STREET ADDRESS ST AUGUSTINE FL 32086 CITY-ST-ZIP 14 CHY-ST-7/P Change Addition DELETE TITLE 21 1/1LE ZIEMBINSKI-ALLEN, VERA 2.2 NAME NAME 4-A LOUISBURG LANE 2.3 STREET ADDRESS STREET ADDRESS **PALM CT. FL 32137** 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS C/TY-ST-ZIP 34. CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change ■ Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CiTY-ST-ZIP DELETE Addition 61 101 F TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. I 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 indicated on this annual report or supplied entire that it is the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplied entire 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 allachment with an address.

5/20/98 gay 22432