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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000015124

1. Corporation Name

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90105 029 ***150.00

FULKER	SON TOWING, INC.							
Principal Plac	e of Business	Mailing Address				THE PROPERTY OF THE PROPERTY O	N 41001 01101 [910 ISBN 6191 1881
1875 STATE RO		1875 STATE RD 207						
ST AUGUSTINE FL 32086 ST AUGUSTINE FL 32086								
						DO NOT WRITE IN TH	S SPACE	
						3. Date Incorporated or Qualifed		
						12/24/1992		
Principal Place of Business 2a. Mailing Address			ss 10 11 · 0		. 0	4. FEI Number		Applied For
21		2a. Mailing Address 26 3541 Red Cloud Irail		ail	<u>59-31579</u> 00		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			* **** * ***	5. Certificate of Status Desired		5 _Additional _
22		27				5. Contracto di Calabo Doction	Fee	Required
City & Stat	te	City & State				6. Election Campaign Financing)0 May Be
23		28 St. augustin	4 41	<u>e</u> _	•	Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Cou	intry		 This corporation owes the current year I 		_
24	25	29 32086	30	_4	15A	Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registere	d Agent	
				81	Name			
	G, JULIE			82	Street Adds	ess (P.O. Box Number is Not Acceptable)		
	5 US 1 SOUTH			"	Sueet Addit	t Address (P.O. Box Number is Not Acceptable)		
ST A	AUGUSTINE FL 32086			83	_			
1					<u></u>			- O+d
				84	City	F	L 85 Z	ip Code
l office or r	registered agent, or both, in the State am farniliar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, Fl	authorized orida Stati	utes.	the comoratic	oration submits this statement for the purpose in s board of directors. I hereby accept the app	ointment as	registered
ļ	Signature, typed or printed name of registered age			ı Ageni	t signature required	ADDITIONS/CHANGES TO OFFICERS	ND DIREC	TORS IN 12
TITLE	DSTC	ND DIRECTORS	13. 1.1 Ti	TIF		ADDITIONS/CHANGES TO OFF ICERS /	☐ Chan	
					1			<i>,</i> –
NAME	MITCHELL, GRANT C		1.2 N/					
STREET ADDRESS					ADDRESS			
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TITLE	PD	☐ DELETE	2.1 TI				F Cuan	je L Audilio
NAME	ZIEMBINSKI-ALLEN, VERA		2.2 N	AME		12-1 22 2 2 3	•	
STREET ADDRESS	4-A LOUISBURG LANE		2.3 \$7	TREET	ADDRESS	1875 SA 207		
CITY-ST-ZIP	PALM CT. FL-32137		2.4 C	ìπŸ-s	T-ZIP	ST. AUGUSTINK, FE 32	286	
TITLE						311 11010-1 21 11 11 1		
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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 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, with all other like empowered.