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 #
1. Corporation Name

P9300000075 (0)

CURRY'S TOWING & RECOVERY, INC.

Principal Place of Business

Mailing Address

17497 BOCKEFELLER CIRICE

CTART DOCKETCH ED CIDI CE

FILED Feb 04 1998 8:00am Secretary of State



FORT MYERS	FL 33912	FORT MYERS FL 33912						
				ļ <u>.</u> .	DO NOT WRITE IN THIS SPACE			
				3. 1	3. Date Incorporated or Qualified			
2. Principal Pl	ace of Business	2a. Mailing Address			12/31/1992 FEI Number		Applied For	
	ROCKEFELLER CIR SE	26 17598 Rocks	FEBLER CIR.		65-0382231	-	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			¬ \$8	.75 Additional	
22 # 201		27 # 201		5. (Certificate of Status Desired	1 1 7 -	ee Required	
City & State		City & State	FLORIOR	6. 1	Election Campaign Financing	\$5	5.00 May Be	
23 F+ m		28 FT MYERS			Trust Fund Contribution	A	dded to Fees	
zip 24 339(Country	Zip 29 33912 3	Country		This corporation owes or has p			
24 0011	25 USA 9, Name and Address of Current I		O USA		Personal Property Tax due Jur Name and Address of New R			
OD/				registered Agent				
Gravita, reien 3				ついみバー	L CURRY			
	Street Address (P.O. Box Number is Not Acceptable) 17598 ROCKE FELLER CIR SE # 201							
FORT MYERS FL 33901 17.598					MCTEUER CIR	<u> </u>	201	
			84 City	Ft m	NEBS	FL 85	Zip Code 33912	
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 Signature proped or printed papellot registered agent and title if any ficiable (NOTE Registered Agent, signature required						1.28.98		
						DATE		
12.	OFFICERS AND I	DIRECTORS	13. 1.1 TUTLE	AC	DDITIONS/CHANGES TO OFF	ICERS AND DIRE		
NAME	CURRY, ROBERT C	ב מנננונ	1.2 NAME		RT C. CURAY	Ç X ÇUI	ange T Addition	
STREET ADDRESS	17497 ROCKEFELLER CIRCLE		1.2 NAME 1.3 STREET ADDRESS	2000	But at the control of the	50 #201		
CITY-ST-ZIP	FORT MYERS FL 33912		1.4 CHY-ST-ZIP	nv	Vience To 220	12		
TITLE	ST ST	DELETE	2.1 TITLE	PRESI	YERS FL 339 DENT	ISK Ch	ange Addition	
NAME	CURRY, JUDY		2.2 NAME	JUDY	L. CURBY	9		
STREET ADDRESS	17497 ROCKEFELLER CIRCLE		2.3 STREET ADDRESS	17598	L CURRY ROCKEFELLER CI	R SE #201	!	
CITY-ST-ZIP	FORT MYERS FL 33912		2. 4 CITY - ST - ZIP		YERS FL 33912			
TITLE		☐ DELETE	3.1 TITLE	<u> </u>		☐ Ch	ange Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS	1				
CITY-ST-ZIP			3.4. CITY-ST-ZiP					
TITLE		☐ DELETE	4.1 TITLE			☐ Ch	ange Addition	
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP		Decree	4 4 CITY - ST - ZIP					
TITLE		☐ DELET E	51 THTLE			∐ Ch	ange L Addition	
NAME			5.2 NAME				Ī	
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	5.4 CHY-ST-ZIP				nnga Addition	
NAME		F" DETEIR	6.1 TITLE			☐ Cha	ange L Addition	
-			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 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 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 of 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.

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