

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
May 02 1996 8:00 am
Secretary of State

DOCUMENT # P93000000620 (3)

1. Corporation Name

A-2 WRECKER SERVICE, INC.



Principal Place of Business

10749 RUFUS LANE
JACKSONVILLE FL 32225

Mailing Address

10749 RUFUS LANE
JACKSONVILLE FL 32225

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SANFORD, JOYCE S
907 ST JOHNS BLUFF RD
JACKSONVILLE FL 32211

3. Date Incorporated or Qualified
12/29/1992

3a. Date of Last Report
06/29/1995

4. FEI Number

59-3155452

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

200001806082

83

-05/03/96--01014--028

84. City

FL

85. Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME
SANFORD, JOYCE S.
STREET ADDRESS
807 ST. JOHNS BLUFF
CITY-ST-ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

V
NAME
SANFORD, ROGER L.
STREET ADDRESS
807 ST. JOHNS BLUFF RD.
CITY-ST-ZIP
JACKSONVILLE FL

TITLE ☒ DELETE

T
NAME
PREU, JOSEPH. D.
STREET ADDRESS
10469 GREENMORE DR.
CITY-ST-ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

S
NAME
ANDERSON, PAUL JEFF
STREET ADDRESS
8805 ALTON AVE.
CITY-ST-ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

D
NAME
ROSECRANS, LINDA G
STREET ADDRESS
10739 RUFUS LANE
CITY-ST-ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

C
NAME
SANFORD, STANLEY
STREET ADDRESS
10446 EBBIT RD
CITY-ST-ZIP
JACKSONVILLE FL

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. DIRECTORS IN 12

☒ Change ☐ Addition

NEW APP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)