4-29-97 B-5715 NC FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300005955 (8)

LINDA THOMPSON TOWING & TRANSPORTING, INC.

Principal Place of Business Mailing Address 194 RE FIRST AVE 125 SE FIRST AVE

FILED Apr 29 1997 8:00am Secretary of State



HALLANDALE FL 33009			HALLANDALE FL 33009-5551				
\$ 150 T						3. Date Incorporated or Qualified 01/26/1993	3a. Date of Last Report 05/01/1996
Line:	Place of Business	2a. Mailrig Ac	2a. Mailing Address			4. FEI Number	Applied For
21		26	·- • •			65-0381359	Not Applicable
Sulte, Apt.	#, etc.	h1	Suite, Apt. #, etc.			5. Certificale of Status Desired	\$8.75 Additional Fee Required
City & Stat	le		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Ζip	Country	Ziμ	Zip Country		гу	8. This corporation has liability for intangible tax under s. 199.032,	
24	25	29		30		Florida Statutes Yes No	
	9. Name and Address of Curr	ent Registered Agen	ıt		: I	10. Name and Address of New Reg	istered Agent
	MPSON, LINDA			В	1 Name		
125 SE FIRST AVE				8	82 Street Address (P.O. Box Number is Not Acceptable)		e)
HAL	LANDALE FL 33009			8			<u> </u>
				L			
				8			FL 85 Zip Code
Office of i	registered agent, or both, in the Sta am familiar with, and accept the obl	ite of Florida. Such ch igations of, Section 60	ange was i 07.0505, Fid	aulhorized I orida Statut	by the corpora es	poration submits this statement for the pation's board of directors. I hereby accep	t the appointment as registered
148	Signature, typed or printed name of registered a		(NOT		gent signature requ	ired when reinstating)	DATL
12.	OFFICERS A	ND DIRECTORS	DELEJE	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE Name	THOMPSON, LINDA	لــا	DELETE	1.1 TITLE			Change Addition
STREET ADDRESS	125 SE FIRST AVE			1.2 NAMI			
CITY-ST-ZIP	HALLANDALE FL 33009				T ADDRESS		
TITLE			DELETE	1.4 CHY-	S1-7II'		Change Addition
NAME				22 NAMI			E Change E Adollon
STREET ADDRESS					1 ADDRESS	•	
CITY-ST-ZIP				2 4 CITY			
TITLE			DELFTE	3 1 THILE	•======		Change Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 \$1RF	1 ADDRESS		
CITY-ST-ZIP				3.4. C(1)	- S1 - ZIP		
TITLE			DELETE	4.1 TiTLE			Change Addition
NAME				4. 2 NAM	÷		
STREET ADDRESS				4.3 STRE	1 ADDRESS		
CITY-ST-ZIP			DE1 576	4.4 CDY	ST-7IP		
TITLE		Ц	DELETE	5.1 TATLE			☐ Change ☐ Addition
NAME				5.2 NAM0			
STREET ADDRESS					1 ADDRESS		
CITY-ST-ZIP			DELETT	5.4 CHY	\$T-7IP		
TITLE		Ц	DELETE	61 III (F			☐ Change ☐ Addilion
NAME OTREET ADDRESS				6.2 NAME			
STREET ADDRESS				•	F ADDRESS		
CITY-ST-ZIP	İ			6.4 CHY-	SI-ZIP I		

I do 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 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 logal 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 changed, or on an attachment with an address.