

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 JUL -5 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000015093 (6)

1. Corporation Name

JIMMIES 24HR. WRECKER & TOWING SERVICE INC.

Principal Place of Business

**1105 SEMINOLE STREET
CLEARWATER FL 34615**

Mailing Address

**1105 SEMINOLE STREET
CLEARWATER FL 34615**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1993

3a. Date of Last Report

06/20/1994

4. FEI Number

59-3200153

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 enterprise tax under a 1994
Florida Statute ☐ Yes ☐ No

2. Principal Place of Business

21 State, Apt. # etc.

22 City & State

23

2a. Mailing Address

26 State, Apt. # etc.

27 City & State

28

9. Name and Address of Current Registered Agent

**KOSTER, RICHARD
1105 SEMINOLE STREET
SUITE 110
CLEARWATER FL 34615**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 hereby withdrawing my resignation of Section 607.0502, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Registered Agent or Director

Date

12. OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY, STATE, ZIP

**D
KOSTER, RICHARD
1105 SEMINOLE STREET
CLEARWATER FL 34615**

12.2

NAME

STREET ADDRESS

CITY, STATE, ZIP

**D
KOSTER, LANCE
1105 SEMINOLE STREET
CLEARWATER FL 34615**

12.3

NAME

STREET ADDRESS

CITY, STATE, ZIP

12.4

NAME

STREET ADDRESS

CITY, STATE, ZIP

12.5

NAME

STREET ADDRESS

CITY, STATE, ZIP

12.6

NAME

STREET ADDRESS

CITY, STATE, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

NAME

STREET ADDRESS

CITY, STATE, ZIP

☐ Change ☐ Addition

13.2

NAME

STREET ADDRESS

CITY, STATE, ZIP

☐ Change ☐ Addition

13.3

NAME

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☐ Change ☐ Addition

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☐ Change ☐ Addition

13.6

NAME

STREET ADDRESS

CITY, STATE, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information reported with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information was obtained from the original report or supplemental annual report to the state and is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee responsible to carry out the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. Changes to be made in this report must be made with an address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/95

813 4425 883

CR2E034 (3/95)