## 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

Albriton Towing & Recovery, Inc.

Principal Place of Business

SIGNATURE: \_

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Daytime Phone #

FILED

97 JUL -3 PM 1:06

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| 6099 1  | Deacon RD.<br>Ta;FL 34238  | 6099 DEACO<br>SARASOTA, FL                                   |   | <u>'</u>  |   |                           |                                     |  |
|---|--|--|---|---|---|---------------------------|-------------------------------------|--|
| CHARACO   | INITE SALO   | SHEASOIA, PC   | J 3463  | Ю   |   | ,                         | <del></del> ,                       |  |
| - 1,  |  |  |   |   | 3. Date Incorporated or Qualified 08/11/93  | 3a. Date ο                | f Last Report<br>ما                 |  |
| Principal Place of Business     2a. Mailing Address |  |  |   |   | 4. FEI Number   |                           | Applied For                         |  |
| 21  |  | 26   |   |   | 65-0420770  |                           | Not Applicable                      |  |
| Sulte, Apt.   | #. etc   | Suite, Apt. #, etc.  |   |   | 5. Certificate of Status Desired  | □ \$                      | <b>B.75</b> Additional Fee Required |  |
| City & State  | θ  | City & State   |   |   | 6. Election Campaign Financing Trust Fund Contribution  |                           | 5.00 May Be<br>Added to Fees        |  |
| Zip   | Country Zip  |  |   | Country  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 Current   | Registered Agent   |   |   | 10. Name and Address of New R   |                           |                                     |  |
| 4.00  |  | ~  | 8   | 1 Name  |   |                           |                                     |  |
| ALBRI   | TTON, RANDAL S   | S  | 8   | 0 04004   | Address (D.O. Box November in Not Assessed  | 1-1-1                     |                                     |  |
| 1000  | 200 000  |  | °   | 2 Street /  | Address (P.O. Box Number is Not Accepta   | abie)                     |                                     |  |
| 6099 DEACON RD.<br>SARASOTA, FL 34238               |  |  |   | 3 -   |   | <del></del>               | · <del>····</del> ·····             |  |
| SARAS   | OTA, FL 34238  |  |   |   |   |                           |                                     |  |
|   | •  |  | 8   | 4 City  |   | FL 8                      | Zip Code                            |  |
| 11. Pursuant  | to the provisions of Sections 607,0502   | and 607.1508. Florida Stati                                  | ites the abo                                  | ve-named  | corporation submits this statement for the  |                           | naina its registered                |  |
| office or r<br>agent. I s                           | registered agent, or both, in the State of t | of Florida. Such change was<br>tions of, Section 607.0505, F | authorized<br>Iorida Statut                   | by the corp<br>es.  | poration's board of directors. I hereby acc   | ept the appointr          | nent as registered                  |  |
| SIGNATURE   | Signature, typed or printed name of registered agen  | t and little if applicable (NO                               | OTE: Registered A                             | gent signature  | required when reinstating)  | DATE                      |                                     |  |
| 12.   | OFFICERS AND   | DIRECTORS  | 13.   |   | ADDITIONS/CHANGES TO OFF  | ICERS AND DIF             | ECTORS IN 12                        |  |
| TITLE C   | PANDA & ALBRITA  | DELETE   | 11 11716                                      |   |   |                           | Change Addition                     |  |
| NAME  | RANDAL S. ALBRITT  |  | 12 NAM  | E இத்து   | 9000 <b>0</b> 2<br>-07/0  | 2399                      | 395                                 |  |
| STREET ADDRESS                                      | 6099 DEACON RD   |  |   | ET ADDRESS  | -07/09  | 3/97010                   | 073014                              |  |
| CITY-ST-ZIP   | SARASOTA, PL 3423  | <b>x</b>   | 1.4 CITY                                      | ST-MP   | 米米米1  | 65.00 🔻                   | ***165.00                           |  |
| TITLE   |  | DELETÉ   | 2 1 TITLE                                     |   |   |                           | Change Addition                     |  |
| NAME  | ;  |  | 2.2 NAM                                       | Ε   |   |                           |                                     |  |
| STREET ADDRESS                                      |  |  | 2.3 STRE                                      | ET ADDRESS  |   |                           |                                     |  |
| CIT/ - ST - ZIP                                     | 3.   |  | 2. 4 CITY                                     | '-ST-ZIP  |   |                           |                                     |  |
| TOLE  |  | DELETE   | 3.1 TiTLE                                     |   |   |                           | Change Addition                     |  |
| AME   |  |  | 3.2 NAM                                       | : [   |   |                           |                                     |  |
| STREET ADDRESS                                      | **   |  | 3.3 STRE                                      | ET ADDRESS  |   |                           |                                     |  |
| CITY - ST - ZIP                                     |  |  | 3.4. C(T)                                     | -ST-ZIP   |   | ·                         |                                     |  |
| TITLE   |  | ☐ DELETE   | 4.1 TITLE                                     |   |   |                           | Change Addition                     |  |
| NAME  |  |  | 4. 2 NAM                                      | ie ]  |   |                           |                                     |  |
| STREET ADDRESS                                      |  |  | 4.3 STRE                                      | ET ADDRESS  |   |                           |                                     |  |
| CITY-ST-ZIP   |  |  | 4.4 CITY                                      | -ST-ZIP   |   |                           |                                     |  |
| TITLE   |  | DELETÉ   | 5.1 TITUS                                     |   |   |                           | Change                              |  |
| NAME  |  |  | 52 NAM  | ŧ ĺ   |   |                           |                                     |  |
| STREET ADDRESS                                      |  |  | 5.3 STRE                                      | ET ADDRESS  |   |                           |                                     |  |
| CITY+ST-ZIP   |  |  | 5.4 CITY                                      |   |   |                           | 1.                                  |  |
| TITLE   |  | DELETE   | 6.1 TITLE                                     |   |   |                           | Chape Addition                      |  |
| NAME  |  |  | 6 2 NAM                                       | . 1   |   |                           | /// <b>N</b>                        |  |
| STREET ADDRESS                                      |  |  | 6.3 STRE                                      | ET ADDRESS  |   |                           | ו ואבו                              |  |
| CITY-\$T-ZIP  |  |  |   | ·ST-ZIP   |   | į.                        | 707/                                |  |
| 14. I do here!                                      | by certify that the information supplied   | with this filing does not qua                                | lify for the ea                               | remption s  | tated in Section 119.07(3)(i), Florida Statul   | es. I further cer         | Ny that the                         |  |
| 14. I do herei<br>informatic<br>I am an o           | on indicated on this annual report of su   | ipplemental annual report is<br>the receiver or trustee empo | lify for the e<br>true and ac<br>wered to ext | kemption st   | tated in Section 119.07(3)(i), Florida Statul<br>that my signature shall have the same leg<br>eport as required by Chapter 607, Florida | nal effect as it m        | iade under oath: I                  |  |



## **ALBRITTON**

TOWING AND RECOVERY, INC.

"Request the Best" 6099 Deacon Road Sarasota, Florida 34238 Phone (941) 922-6708 Fax (941) 921-9504

Division of Corporations Annual Reports Division Post Office Box 6327 Tallahassee, Florida 32314

Attn.: M. Hodges

Re: Late Report Filing 1997

Dear Sir:

June 30, 1997

We were unable to renew our corporation's annual report on time due to the fact that we never received a renewal form. I only discovered this last week, and apologize that I did not remember this sooner.

As agreed, I am submitting enclosed form with a check for \$165.00. I have already made a notation on next year's calendar of the May 1st due date in case this should happen again. Please check your databases to ensure that the above address is the one you have on file.

Thank you once again for your patience.

Sincerely,

Amanda W. Sonnen Assistant/Secretary R.S.Albritton, President