

CORPORATION
ANNUAL REPORT
1998



Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13 1998 8:00am
Secretary of State

DOCUMENT # P94000012950 (9)

1. Corporation Name
BALL'S WRECKER SERVICE, INC.

Principal Place of Business
**2104 HIGHWAY 17 SOUTH
BARTOW FL 33830**

Mailing Address
**2104 HIGHWAY 17 SOUTH
BARTOW FL 33830-7527**

3. Date incorporated or organized **1997**
02/14/1994 3a. **04/12/1998**
4. FEEL number
69-3975242
5. Certificate of Status Desired **\$8.75** Annual Fee
6. Election Campaign Financing Trust Fund Contribution **\$5.00** Annual Fee
8. This corporation has filed its articles of incorporation with the Florida Statutes Yes No

2. Principal Place of Business
21 Suite, Apt #, etc
22 City & State
23 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**BALL, GARY
2104 HIGHWAY 17 SOUTH
BARTOW FL 33830**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number if Florida Agent)
83
84 City **FL 85**

11. Pursuant to the provisions of Sections 607.0503 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the principal 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 position as agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature type and print name of registered agent, director, or officer (required) (Print Name) (Agent signature required) (Print Name)

18. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	
NAME	BALL, FRED	12 NAME	
STREET ADDRESS	2104 HWY 17 SOUTH	13 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL 33830	14 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	21 TITLE	D <input checked="" type="checkbox"/>
NAME	BALL, GARY	22 NAME	Michelle Webb
STREET ADDRESS	332 ELLIOTT RD.	23 STREET ADDRESS	2104 Hwy 17 South
CITY-ST-ZIP	BARTOW FL 33830	24 CITY-ST-ZIP	Bartow Fl 33830
TITLE	<input type="checkbox"/> DELETE	31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.02(1)(b), Florida Statutes. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 11, Florida Statutes. I appear in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Fred Ball*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

800002524698
-05/15/98--01008--040
*****150.00**
4-29-98 941-533-8787
~~4-29-98 941-533-8787~~