FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 17 PM 11:21

DOCUMENT # **P94000027116 (0)**

1. Corporation Name
ELITE TOWING, INC.

Principal Place of Business	Mailing Address
125 MARION LN SUITE 2 CASSELBERRY FL 32707	125 MARION LN SUITE 2 CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 125 MARION LANE
22 Suite, Apt. #, etc.: Suite 2
23 City & State: Casselberry, Fl.
24 Zip: 32707
25 Country: SAMOA

2a. Mailing Address
26: 125 MARION LANE
27 Suite, Apt. #, etc.: Suite 2
28 City & State: Casselberry Fl
29 Zip: 32707
30 Country: Samoa

4. FEI Number: 59-3339020 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FOUNTAIN, DENNIS F
815 ORIENTA AVE
SUITE 5
ALTAMONTE SPRINGS FL 32701

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 607.1508, 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: Lowell Stoops — 4-11-95
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P	☒ Change ☐ Addition
NAME	FOUNTAIN, DENNIS F	12 NAME	Lowell Stoops	
STREET ADDRESS	815 ORIENTA AVE SUITE 5	13 STREET ADDRESS	445 Lakeside Pl	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	14 CITY ST ZIP	Casselberry, Fl. 32707	
TITLE		21 TITLE	V.P.	☒ Change ☐ Addition
NAME		22 NAME	Garreth W. Warfield	
STREET ADDRESS		23 STREET ADDRESS	423 Forest Park	
CITY-ST-ZIP		24 CITY-ST-ZIP	Casselberry, Fl. 32707	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
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 is voluntarily furnished and 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 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: Lowell Stoops — 4-11-95 — 407-696-0039
SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDENT OR OTHER OFFICER OR DIRECTOR — Date — Daytime Phone #

0413472 FP