

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000036429 (6)

1. Corporation Name

WATSON'S TOWING AND RECOVERY, INC.



Principal Place of Business

Mailing Address

400 NW 10TH AVENUE
GAINESVILLE FL 32601

400 NW 10TH AVENUE
GAINESVILLE FL 32601

2. Principal Place of Business

2a. Mailing Address

21 1104 S. MAIN ST.
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 GAINESVILLE FL

28 City & State

24 Zip 32601

Country

25 USA

29 Zip

Country

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/03/1994

3a. Date of Last Report

01/26/1995

4. FEI Number

59-3242584

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 intangible tax under s. 199.032,
Florida Statutes

Yes No

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

Signature, typed or printed name of registered agent (and then if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WATSON, JAMES H SR.
STREET ADDRESS 2820 NW 49TH PL
CITY-ST-ZIP GAINESVILLE FL 32605

DELETE

TITLE D
NAME WATSON, JAMES H JR
STREET ADDRESS 400 NW 10 AVE
CITY-ST-ZIP GAINESVILLE FL

DELETE

TITLE D
NAME YAVORSKY, CLAIR A
STREET ADDRESS 2820 NW 49TH PL
CITY-ST-ZIP GAINESVILLE FL 32605

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

D YAVORSKY, CLAIR A
2820 NW 49 PL.
GAINESVILLE, FL 32605
(SPELLING)

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)(k), 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:

CLAIR A. YAVORSKY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 904-371-2676
Date Daytime Phone

CR2E034 (12/95)