

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000038448 (4)

1. Corporation Name

VELEZ WRECKER SERVICE, INC.

Principal Place of Business

Mailing Address

5005 N. MALE AVE.
TAMPA FL 33614
US

P O BOX 260311
TAMPA FL 33685
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1994

4. FEI Number

59-3247745

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

21 5019 N. MALE AVE

26 5019 N. MALE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 TAMPA FL

27 City & State
28 TAMPA FL

24 33614 25 Hillsb.

29 33614 30 Hillsb.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VELEZ, HECTOR F
5013 N. LOIS AVE.
TAMPA FL 33614

81 Name VELEZ, HECTOR F.

82 Street Address (P.O. Box Number is Not Acceptable)
5019 N. MALE AVE

83

84 City TAMPA

FL

85 Zip Code 33614

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 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
NAME VELEZ, HECTOR F.
STREET ADDRESS 5013 N. LOIS AVE.
CITY-ST-ZIP TAMPA FL

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME VELEZ, HECTOR F.
1.3 STREET ADDRESS 5019 N. MALE AVE
1.4 CITY-ST-ZIP TAMPA FL 33614

TITLE D
NAME VELEZ, ANA S.
STREET ADDRESS 5013 N. LOIS AVE.
CITY-ST-ZIP TAMPA FL

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME VELEZ, ANA S.
2.3 STREET ADDRESS 5019 N. MALE AVE
2.4 CITY-ST-ZIP TAMPA FL 33614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I hereby certify that the information supplied with this filing 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

Signature of Registered Agent

4-1548

(813) 872-6585

CR2E034 (10/97)