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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000046840

WILLIE'S TOWING, INC.								
Principal Place of Business	Mailing Address	175 20-			()\$21)92()15)5(1) \$(0) \$2(0) \$2(0) \$2(1)			
ATLANTIC BEACH FL 32233	155 LEVY RD ATLANTIC BEACH	FL 32233	S	, 31	DO NOT WRITE IN THIS SPACE			
,					3. Date Incorporated or Qualifed 06/23/1994			
2. Principal Place of Business	2a. Mailing Addre	ess			4. FEI Number 59-8173515 59-3251386			
Suite, Apt. #, etc.	Suite, Apt. #,	etc.		•	5. Certificate of Status Desired \$8. Fe			
City & State	City & State				6. Election Campaign Financing Trust Fund Contribution \$5			
Zip Country	Zip	Cour	ntry		This corporation owes the current year Intangible Personal Property Tax. Yes			
9. Name and Address of Cu					10. Name and Address of New Registered Agent			
			81	Name	•			
GAMMONS, MICHAEL D 1 1 DEMOGRACY CT 11475 main 5+			82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
ATLANTIC BEACH FL 32233			83					
		84	City	FL 85				
Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Sagent. I am familiar with, and accept the olders.	tate of Flonda. Such chanc	ie was authorized	DV I	ine corporation	poration submits this statement for the purpose of changing on's board of directors. I hereby accept the appointment			
SIGNATURE	d areast and title if applicable	(NOTE: Registered	Agen	signature require	d when reinstating) DATE			
Signature, typed or printed name of registers	d agent and tille if appacable.	(NOTE: Registered	- wor		ADDITIONS/CHANGES TO DESICERS AND DIRE			

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90071 028 ***150.00



Applied For

1		26					35-0-17-03-13.	$\frac{9}{2}$	<u> 14013</u>	SCOLL IND	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of State	ıs Desired		\$8.75 A		
2 <u>-</u>	* _ 									<u> </u>	
City & Stat	te	\vdash	City & State			6. Election Campaig	_		\$5.00	•	
3)		28					Trust Fund Contri			Added t	3 Fees
Zip	Country	\Box	Zip	Cou	intry		8. This corporation		ent year Ir		
4	25 29 30						Personal Property			∠ Yes	□No
	9. Name and Address of Current I	Regist	ered Agent		<u> </u>		10. Name and Addre	ess of New F	Registered	l Agent	
GAMMONS, MICHAEL D					81	Name				•	
					82 Street Address (P.O. Box Number is Not Acceptable)						
11-DEMOCRACY CT 1475 main 51 ATLANTIC BEACH FL 32233					83 .						
					84	City			EI	85 Zip C	code
					Ш				- I	f changing its	sonistered
11. Pursuant	to the provisions of Sections 607.0502 a registered agent, or both, in the State of	and 60 Florida	i7.1508, Florida Statut a. Such change was a	es, the al uthorized	bove i bv i	-named corpo he corporatior	ration submits this state a's board of directors. I	hereby accer	purpose of ot the appo	pintment as reg	gistered
agent. I a	am familiar with, and accept the obligatio	ons of,	Section 607.0505, Flo	rida Stati	utes.					`	
SIGNATURE										•	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if	appticable. (NOTE	Registered	Agent	signature required			DATE		
12.	OFFICERS AND	DIREC	CTORS	13.			ADDITIONS/CHAP	IGES TO OF	FICERS A		
TITLE	DPST		□ DELETE	1.1 TF	TLE		•			☐ Change	☐ Addition
NAME.	GAMMONS, MICHAEL D			1.2 N	AME						
STREET ADDRESS	LEELEN DO 11175 CO.	ت ت	<i>\.</i> 4	13.51	TREET	ADDRESS	,			•	
	ATLANTIC BEACH FL 32233	•									
CITY-ST-ZIP	ATLANTIC BEACH PL 32233	•	□ DELETE	2.1 TI	TY-ST	-ZIP				☐ Change	Addition
TITLE							•				
NAME				2 2 N							
STREET ADDRESS	6			2.3 S1	FREET	ADDRESS					
CITY-ST-ZIP	<u> </u>			2.4 C	ITY-ST	r-ZiP					
TITLE	1		☐ DELETE	3.1 TT	ŤΕ		•	•	-	☐ Change	Addition
NAME				3.2 NA	AME						
STREET ADDRESS	8			3.3 \$7	TREET	ADDRESS					
CITY-ST-ZIP				3.4. C	ITY-S	r-ZIP					
TITLE	<u> </u>		☐ DELETE	4.1 TI						☐ Change	☐ Addition
				4.2 N							•
NAME						ADDDESS					
STREET ADDRESS	5					ADDRESS					
CITY-ST-ZIP	100 1771		[T] nevere		TY-ST	-ZIP				☐ Change	Addition
TITLE			☐ DELETE	5.1 TI						C3 Citatige	
NAME	ì			5.2 N/							
STREET ADDRESS	3			5.3 S1	TREET	ADDRESS					
CITY-ST-ZIP				5 4 C	TY-ST	- ZIP					
OUT TO IT AIR				_							☐ Addition
TITLE			☐ DELETE	6.1 TI	TLE					Change	
TITLE			☐ DELETE	6.1 TI 6.2 N						∐ C⊓ange	Hadiaon
TITLE NAME		•••	DELETE	6.2 N	AME	ADDRESS				∐ Change	Fidulion
TITLE	3	•••	☐ DELETE	6.2 N/ 6.3 S	AME					∏ Cnange	Fideliaon

indicated on this annual report or supplied with this filling does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the Informati 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, with all other like empowered.