

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000091245 (8)

1. Corporation Name

SPRATLIN TOWING & RECOVERY, INC.



Principal Place of Business

ROUTE 1, BOX 312  
LAWTEY FL 32058

Mailing Address

ROUTE 1, BOX 312  
LAWTEY FL 32058

2. Principal Place of Business

2a. Mailing Address

21 Route 5 Box 7679

26 Route 5 Box 7679

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Starke, FL 32091

28 Starke, FL 32091

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

SPRATLIN, JAMES  
ROUTE 1, BOX 312  
LAWTEY FL 32058

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
Route 5 Box 7679

83

Starke, FL 32091

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 or authorized agent

NOTE: Registered Agent signature must be accompanied by

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME SPRATLIN, JAMES  
STREET ADDRESS ROUTE 1, BOX 312  
CITY-ST-ZIP LAWTEY FL 32058

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☒ Change ☐ Addition

2. NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

Route 5 Box 7679  
Starke, FL 32091

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

☐ Change ☐ Addition

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change ☐ Addition

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

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:

*James Spratlin*  
James Spratlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-31-96

Date

904-964-2410

Day Phone #

CR2E034 (12/95)