

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 # P95000043357 (9)

1. Corporation Name

JC'S TOWING & RECOVERY, INC.



Principal Place of Business

Mailing Address

4808-1/2 NORTH CHURCH STREET  
TAMPA FL 33614

4808-1/2 NORTH CHURCH STREET  
TAMPA FL 33614

2. Principal Place of Business

21 11202 Longbrooke Dr  
Suite, Apt. #, etc.

22 City & State  
Riverview, FL

23 Zip Country  
33569 U.S.

24 33569 25 U.S.

26. Mailing Address

26 11202 Longbrooke Dr  
Suite, Apt. #, etc.

27 City & State  
Riverview, FL

28 Zip Country  
33569 U.S.

29 33569 30 U.S.

3. Date Incorporated or Qualified

06/06/1995

3a. Date of Last Report

4. FEI Number

59-3323660

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

9. Name and Address of Current Registered Agent

DIAZ, JOSEPH L  
2522 WEST KENNEDY BLVD.  
TAMPA FL 33609

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME SANTANA, JUAN  
STREET ADDRESS 4808-1/2 NORTH CHURCH STREET  
CITY-ST-ZIP TAMPA FL 33614 ☐ DELETE

TITLE D  
NAME SANTANA, KATIANA  
STREET ADDRESS 4808-1/2 NORTH CHURCH STREET  
CITY-ST-ZIP TAMPA FL 33614 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 11202 Longbrooke Dr  
1.4 CITY-ST-ZIP Riverview, FL 33569 ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 11202 Longbrooke Dr.  
2.4 CITY-ST-ZIP Riverview, FL 33569 ☒ 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

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)(4), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 (813) 677-9589  
Date Daytime Phone #

CR2E034 (12/95)