

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000056050 (4)**

1. Corporation Name

ADVANCE TOWING, INC.



Principal Place of Business

**8819 N BROOKS STREET
TAMPA FL 33604-1809**

Mailing Address

**8819 N BROOKS STREET
TAMPA FL 33604-1809**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

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30

9. Name and Address of Current Registered Agent

**SCHNAPP, HARRY
8819 N BROOKS STREET
TAMPA FL 33604-1809**

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 607.0102 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 607.1508, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

**P
SCHNAPP, HARRY
8819 N BROOKS STREET
TAMPA FL 33604-1809**

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP Change Addition

15 TITLE Change Addition

16 NAME

17 STREET ADDRESS

18 CITY, ST, ZIP Change Addition

19 TITLE Change Addition

20 NAME

21 STREET ADDRESS

22 CITY, ST, ZIP Change Addition

23 TITLE Change Addition

24 NAME

25 STREET ADDRESS

26 CITY, ST, ZIP Change Addition

27 TITLE Change Addition

28 NAME

29 STREET ADDRESS

30 CITY, ST, ZIP Change Addition

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP Change Addition

35 TITLE Change Addition

36 NAME

37 STREET ADDRESS

38 CITY, ST, ZIP Change Addition

39 TITLE Change Addition

40 NAME

41 STREET ADDRESS

42 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 set forth in Section 319.07, Florida Statutes. I further certify that the information included 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 trustee or trustee-in-power, 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:

Harry Schnapp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/96

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