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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

POCUMENT # P95000073882 (9)

NATIONWIDE SOUTH TOWING, INC.

FILED Apr 28 1997 8:00am Secretary of State



Principal Place of Business 1099 49TH STREET 8. GULFPORT FL 33707		Mailing Addre	ess			6 TABATABOT ITO SOURY GITLE BOSTE BRIEF	# 10031301 110 60121 GITL ONLY ONLY DOTT ONLY TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL			
		1099 49TH STREET S. GULFPORT FL 33707-3633								
						3. Date incorporated or Qualified 09/25/1995	3a. Date of 05/01/19			
2. Principal P	lace of Business	2a. Mailing Ac	ddress			4. FEI Number 59-343 APPLIED FOR	6506	Applied Fo		
Sulte, Apt.	#, etc.	Suite, Apt.	#, etc. ,			5. Certificate of Status Desired		1.75 Additions		
City & State	8	City & Stat	le			Election Campaign Financing Trust Fund Contribution	\$:	5.00 May Be		
Zip	Country	Žip		Countr	у	8. This corporation has liability for i		nder s. 199.03		
24	25 9. Name and Address of Curr	29		30		Florida Statutes 10. Name and Address of New Re				
	······································	ient negistered Agen		81	Name		gistered Agent			
	HBOR, DENNIS C SR.			"						
) 49TH STREET S. FPORT FL 33707			82		Address (P.O. Box Number is Not Acceptab	le)			
pl				83	ļ					
*				84	City		FL 85	Zip Code		
office or r agent. I a SIGNATURE	egistered agent, or both, in the Stam familiar with, and accept the ob-	ligations of, Section 60	07.0505, Floi	rida Statute	·S.	Corporation submits this statement for the p poration's board of directors. I hereby accept the process of the	of the appointment	ent as register		
12.		AND DIRECTORS	(140.12	13,	Kill o griotori	ADDITIONS/CHANGES TO OFFIC		ECTORS IN 12		
TITLE	D		DELETE	1.1 THLE				hange Add		
NAME	NEIGHBOR, DENNIS C SR.			1,2 NAME				-		
STREET ADDRESS	1099 49TH STREET S.			4	T ADDRESS					
CITY-ST-ZIP	GULFPORT FL 33707			1.4 CITY-						
TITLE			DELETE	2.1 TITLE	51 En		□ C	hange Add		
NAME				2.2 NAME						
STREET ADDRESS				1	I ADDRESS					
CATY-ST-ZIP				2 4 CITY-						
TITLE			DELETE	3.1 TITLE			C	hange 🔲 Add		
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREE	I ADDRESS					
CITY-ST-ZIP				3.4 CHY-	S1 - ZIP					
TITLE			DFLETE	4.1 TITLE			C	hange Add		
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CITY-ST-ZIP				4.4 CHY-	ST-7IP					
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NAME				5.2 NAME						
STREET ADDRESS				5.3 STREE	t address					
CITY-ST-ZIP				5.4 CITY-	S1 - 2(P					
TITLE			DELETE	6.1 TITLE			С	hange 🔲 Ad		
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREE	1 ADDRESS					
CITY-ST-ZIP				6.4 OITY-	ST-ZIP					
44 1 3 2 2 2 2 2	to a second of the second of t	Fig. 41 (1944) All Co. 4 (Sec. 41)				stated in Coation 410 02/0V/X Florida Ctatuta	n I I with an anali	L. H1 H		

I do hereby certify that the information supplied with this filing docs not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Flurther 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 autofilment with an address.