SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000076751 (3) **DOCUMENT #** STONE'S TOWING SERVICES INC. Mailing Address Principal Place of Business 7950 U.S. 98 NORTH 7950 U.S. 98 NORTH LAKELAND FL 33809 LAKELAND FL 33809 3. Date Incorporated or Qualified 3a. Date of Last Report 10/03/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-334160 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt #, etc Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Country Zip Country Žιο Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STONE, JAMES Street Address (P.O. Box Number is Not Acceptable) 82 7950 U.S. 98 NORTH **LAKELAND FL 33809** 83 Zip Code 85 City 84 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NTS)). Registered Against squature receive 1 while tremstablish na. ... SIGNATURE. Signature type flor printed number registered a pent and their applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 13. Change Adoition 12 DELETE 1.1 TITLE STD TIFLE CR2E034 1.2 NAME STONE, JAMES NAME 1.3 STREET ADDRESS 7950 U.S. 98 NORTH STREET ADDRESS 1.4 CITY - ST - ZIP LAKELAND FL 33809 Change Aedition CITY-ST-ZIP DELETE 2 I TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST-ZIP CITY - ST - ZIF Change Addition DELETE 3.1 TITLE TIFLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP DITY-ST-ZIP Change Addition DELFTE 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5 2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CiTY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE 6 2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY S1-ZIP 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 trie same logal 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 617. 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 TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

In a Ste PRES pay 19 -96