

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000080349 (0)

1. Corporation Name

EMERGENCY ROAD SERVICE, INC.



Principal Place of Business

6155 SOUTH FLORIDA AVENUE
LAKELAND FL 33813

Mailing Address

6155 SOUTH FLORIDA AVENUE
LAKELAND FL 33813

2. Principal Place of Business

21 6155 South Florida Ave

Suite, Apt. #, etc.

22 #7

City & State

23 Lakeland, Florida

24 33813

25 U.S.A.

2a. Mailing Address

26 6155 S. Florida Ave

Suite, Apt. #, etc.

27 #7

City & State

28 Lakeland, FL

29 33813

30 U.S.A.

3. Date Incorporated or Qualified

10/17/1995

3a. Date of Last Report

4. FEI Number

59-3343332

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

ELLIS, MERRIAM K
6155 SOUTH FLORIDA AVENUE
LAKELAND FL 33813

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]

(Print Name of Registered Agent signed and dated when receiving)

1-23-96

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ELLIS, MERRIAM
STREET ADDRESS 6155 SOUTH FLORIDA AVENUE
CITY-ST-ZIP LAKELAND FL 33813

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

800001817878

-05/13/96--01020--007

***200.00

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- Merriam K. Ellis

1-23-96

648-9078

CR2E034 (12/95)