

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

FILED  
Feb 09 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000082194 (8)

1. Corporation Name

A-PR1 TOWING & RECOVERY INC.



Principal Place of Business

Mailing Address

C/O CARL HASSELL/PRES  
5108 INGRAHAM STREET  
TAMPA FL 33616

C/O CARL HASSELL/PRES  
5108 INGRAHAM STREET  
TAMPA FL 33616

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 4014-B WEST SOUTH AVE

Suite, Apt. #, etc.

22

City & State

23 TAMPA

Zip

24 33614

Country

25 HI/US

2a. Mailing Address

26 3910 W ROGERS AVE

Suite, Apt. #, etc.

27

City & State

28 TAMPA FL

Zip

29 33611

Country

30 HI/US

3. Date Incorporated or Qualified

10/24/1995

4. FEI Number

59-3345310

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

HASSELL, CARL  
5108 INGRAHAM STREET  
TAMPA FL 33616

10. Name and Address of New Registered Agent

81 Name ANGELA MASON

82 Street Address (P.O. Box Number is Not Acceptable)  
3910 W ROGERS AVE

83

84 City TAMPA

FL

85 Zip Code

33611

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 *Angela M Mason*

1-29-98

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME HASSELL, CARL  
STREET ADDRESS 5108 INGRAHAM STREET  
CITY-ST-ZIP TAMPA FL 33616

☒ DELETE

☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C.G.O.  
1.2 NAME ANGELA MASON  
1.3 STREET ADDRESS 3910 W ROGERS  
1.4 CITY-ST-ZIP TAMPA FL 33611

☐ Change

☒ Addition

2.1 TITLE MANAGING DIRECTOR  
2.2 NAME JOHN MASON  
2.3 STREET ADDRESS 3910 W ROGERS  
2.4 CITY-ST-ZIP TAMPA FL 33611

☐ 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Angela M Mason*

1-29-98 813-831-1190

CR2E034 (10/97)