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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000058567 (4)

1. Corporation Name

MIKE'S TOWING & RECOVERY, INC.

Principal Place of Business

3510 S PALM AVE
PALATKA FL 32177

Mailing Address

3510 S PALM AVE
PALATKA FL 32177-8326



2. Principal Place of Business

21 2907 LANE ST.

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. B. 1811

Suite, Apt. #, etc.

City & State

23 PALATKA, FLORIDA

Zip

24 32177

Country

25 U.S.A.

City & State

28 PALATKA, FL

Zip

29 32178

Country

30 U.S.A.

3. Date Incorporated or Qualified

07/11/1996

3a. Date of Last Report

(1st Report)

4. FEI Number

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

9. Name and Address of Current Registered Agent

PLACONA, MICHAEL N
3510 S PALM AVE
PALATKA FL 32177

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2907 LANE STREET

83

84 City PALATKA

FL

85 Zip Code

32177-8326

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

x Michael N Placona

(NOTE: Registered Agent signature required when reinstating)

01-21-97

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE
NAME PLACONA, MICHAEL N
STREET ADDRESS 3510 S PALM AVE
CITY-ST-ZIP PALATKA FL 32177

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2907 LANE STREET
1.4 CITY-ST-ZIP PALATKA, FL 32177

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

x Michael N Placona

01-21-97

Date

904/325-8414

Daytime Phone #

CR2E034 (9/96)