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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90069 016 ***150.00

i, Corporado	MENT # P96000 VATER TOWING SERVICE, I						
Principal Plac	e of Business	Mailing Address			6 10021001 ILD (DIGE BIEIL COURS DONE	AGILS ALLES STOR ST	81 81191 1917 1887
1597-B N HERCULES AVE 1597-B N HERCULES AVE							
CLEARWATER.		CLEARWATER:FL:33765	ومنتسبت	_5: 			
	•	•			DO NOT WRITE IN	THIS SPACE	
	·				3. Date Incorporated or Qualifed 08/09/1996		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
1					59-3413148		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			*		5. Certificate of Status Desired	,	Additional Required
City & Stat	te · · · · · · · · · · · · · · · · · · ·	City & State		_	6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current ye	ar Intangible	
:4	(1) (25) (1) (1)	29	30		Personal Property Tax.	☐ Yes	□ No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Regist	ered Agent	
	Production (Alba Strains)	:	8	I Name			
CORDNER-JAMES, TERRANCE 6 NORFOLK ST			8	Street Add	iress (P.O. Box Number is Not Acceptable)		
DUNEDIN FL 34698			83	3	And the same of		
			84	City		FL 85 Zip	Code
office of I agent. I a	am familiar with, and accept the obligation of registered age	ntions of, Section 607.0505, Flo	rida Statute	s.	on's board of directors. I hereby accept the	TE	<u> </u>
12. / <u>x</u>		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		
TITLE (C.C.)	P- 3 No. 1775 E	☐ DELETE	1.1 TITLE		•	☐ Change	Addition
NAME	CORDNER-JAMES, TERENCE	J	1.2 NAME				
STREET ADDRESS	l .		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	DUNEDIN FL 34698		1.4 CITY-	ST-ZIP			
IIILE	ST	☐ DELETE	2.1 TITLE	•		☐ Change	Addition
NAME	CORDNER-JAMES, SEAN		2.2 NAME				
STREET ADDRESS	1		2.3 STREE	ET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33755		2. 4 CITY	ST-ZIP			
TITLE	VP	☐ DELETE	3.1 TITLE]	•	☐ Change	Addition
NAME	HERLIHY, JAMES		3.2 NAME	. [
STREET ADDRESS			3.3 STREE	ET ADDRESS	•		
CITY-ST-ZIP	CLEARWATER FL 33765		3.4. CITY-	ST-ZIP			
TITLE	1	☐ DELETE	4.1 TITLE	-		☐ Change	Addition
NAME	والمراز الرابيات المسل	المسالحية المائديين	4. 2 NAME	I	,		
STREET ADDRESS	3 7 35 95	- ,	4.3 STREE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		•		, Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	ET ADDRESS			
CITY OF TID	,		5.4 CITY-	ST-ZIP			

CITY-ST-ZIP 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 told 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 of trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Daytime Phone #

☐ Change

Addition