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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000047648 (5) MARTIN COUNTY TOWING AND RECOVERY, INC.

FILED Feb 23 1998 8:00am Secretary of State

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1	e of Business	Mailing Address					
1217 S. FEDERAL HIGHWAY 1217 S. FEDERAL HIGHWAY							
STUART FL	34994	STUART FL 34994			DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualified		
					05/27/1997		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number Applied For		
21		26		_	65-0756 448 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional		
22		27			Fee Required		
City & Stat	e	City & State			Election Campaign Financing \$5.00 May Be		
23		28	1		Trust Fund Contribution		
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the current year Intangible		
24	25 9. Name and Address of Curren	t Registered Agent	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
EO	OST-PONTE, KATHY	t Hogistoto Agent		1 Name	10, Name and Address of New Anglistered Agent		
	25 SW MARTIN HIGHWAY			G,	EORGE R. LEBIANC SR.		
	LM CITY FL 34990		6	Street Ac	odress (P.O. Box Number is Not Acceptable)		
''	Bii 0111 1 C 04000		Ē	3 /04//	J. FEBBRAC HWY		
			L				
			8	4 City	FL 85 Zip Code 3 11994		
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 accepting obligations of Section 607.0505 Florida Statutes.							
office or r	registered agent, or both, in the State	of Florida. Such change was	authorized lorida Statu	by the corpores	ration's board of directors. I hereby accept the appointment as registered		
SIGNATURE Statute, typed or profiled name of registerice agent and title of applicable (NOTE. Registered Agent signature required when reinstelling) DATE							
	Signature, typical or printed name of registered age			igent signature rei	quired when reinstaling) DATE		
12.	OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PESSIONAL — Change Addition		
TITLE		☐ OFFEIE	1.1 TITL	. /	PESS (DEA) +		
NAME			1.2 NAM	t	GEORGE R. LEBIANC SO. 6665 SE SILVER BELL AUG		
STREET ADDRESS			í	ET ADDRESS	9665 46 311VA NOCOT		
CITY-ST-ZIP		DELETE	2.1 TITU	-ST-ZIP	STUMET, 74 34997 SECT - TREAS Change Addition		
TITLE		otter	2.1 III C	.	CHARLENS M. LEBIANC		
NAME OVERT ADDRESS				t appared (6645 SE CIUNE DELL AUF		
STREET ADDRESS			•	ET ADDRESS (6665 SE SILVERBELL AUT STUART, 74 34997		
CITY-ST-ZIP		DELETE	2. 4 CITS 3.1 TITLE		Change Addition		
					C Ontaile C Notition		
NAME STREET ADDRESS			3.2 NAM	ET ADORESS			
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	-ST-ZIP	Change Addition		
NAME			4. 2 NAN	1			
STREET ADDRESS				ET ADDRESS			
			4				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY 5.1 TITLE		☐ Change ☐ Addition		
NAME		<u></u>	5.2 NAM	ſ			
STREET ADDRESS				ET ADDRESS			
CITY-\$T-ZIP			5.3 STRE				
TITLE	<u></u>	DELETE	6.1 TITLE		Change Addition		
NAME			6.2 NAM	1	La confer		
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			6.4 CITY				
VIII - D1 - 41F			9.4 0111	OI-EN			

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.