

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

FILED

Feb 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P97000047648 (5)**

1. Corporation Name

**MARTIN COUNTY TOWING AND RECOVERY, INC.**

Principal Place of Business

**1217 S. FEDERAL HIGHWAY  
STUART FL 34994**

Mailing Address

**1217 S. FEDERAL HIGHWAY  
STUART FL 34994**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/27/1997**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**FROST-PONTE, KATHY  
4125 SW MARTIN HIGHWAY  
PALM CITY FL 34990**

10. Name and Address of New Registered Agent

81 Name **GEORGE R. LEBLANC SR.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1217 S. FEDERAL HWY**  
83  
84 City **STUART** FL 85 Zip Code **34994**

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 *George R. LeBlanc Sr.*

**GEORGE R. LEBLANC SR.**

**02/03/98**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>GEORGE R. LEBLANC SR.</b>	
1.3 STREET ADDRESS	<b>6665 SE SILVER BELL AVE</b>	
1.4 CITY-ST-ZIP	<b>STUART, FL 34997</b>	

2.1 TITLE	<b>SECT - TREAS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>CHARLENE M. LEBLANC</b>	
2.3 STREET ADDRESS	<b>6665 SE SILVER BELL AVE</b>	
2.4 CITY-ST-ZIP	<b>STUART, FL 34997</b>	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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: *George R. LeBlanc Sr.* **GEORGE R. LEBLANC SR.** **2/4/98** **561** **777-0006**

CR2E034 (10/97)