## 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

## DOCUMENT # **P97000065069**1. Corporation Name

JAMES JR. TOWING, INC.

## **FILED** Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90157 038 \*\*\*158.75



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Principal Plac	e of Business	Mailing Address					, 18411 (MEI) MEISI VI	,,,, 25:11 48:14	, etter 21/11 <b>48</b> 11	
	BEACH LAKES BLVD	932 30TH ST								
	EACH FL 33401	WEST PALM BEACH FL 3	3407							
HEDI INEM DENGIT IE WOOD!							DO NOT WRI	TE IN THIS	SPACE	
						<ol> <li>Date Incorpora 07/28/1997</li> </ol>	ted or Qualifed			
2. Principal F		- <del></del>		4. FEI Number	100		A	pplied For		
2. Principal Place of Business 2a. Mailing Address 25						65-076672	<u></u>			ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & Sta				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees						
				ntry		8. This corporation owes the current year Intangible				
Zip Country Zip 24 33407 25 29 29 Name and Address of Current Registered Agent			30	·		Personal Property Tax.				
241 - 25 1	9. Name and Address of Curren		100		-	10. Name and Ad	<del></del>	Registered	Agent	
·	y with reaction of warran	<u></u>		81 Nan	16					
LITT	LE, JAMES JR									
932 30TH STREET			1	82 Stre	et Addres	t Address (P.O. Box Number is Not Acceptable)				
WES	ST PALM BEACH FL 33407			83						
				84 City			-	FI	85 Zip	Code
office or	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations of the colligation of the collinear of the colligation of the collinear of	of Florida, Such change was	authorized	by the co	ed corpor erporation	's board of directors	. I hereby acce	pt the appo	intment as re	egistered
SIGNATIONE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOT	E: Registered	Agent signatu	re required w	when reinstating)		DATE		
12	OFFICERS AN	ID DIRECTORS	13.	<u> </u>	_	ADDITIONS/CH	ANGES TO OF	FICERS A		
TITLE	Ţ <b>VS</b>	OELETE	1.1 111	LE	(5)	س صنا ب	- 6/ 1		Change	☐ Addition
NAME	ZOCKLEIN, STEPHEN C			1.2 NAME		Stephen C. Zocklein 932 30 Street West folm Beach F1 33407				
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NAME	1	DECE 12	6.2 NA						L'1 Olignide	
NAME STREET ADDRESS			6.2 NA		ss				L.J Ontarige	

6.4 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 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 change it, or on an attachment with an address with all other like empowered.

SIGNATURE:

CR2E034 (11/98)