

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P97000096983 (6)**

1. Corporation Name

AL'S MOBILE HOME TOWING, INC.

Principal Place of Business

**137 AIRPORT FARMS ROAD
BOSTWICK FL 32007-0048**

Mailing Address

**137 AIRPORT FARMS ROAD
BOSTWICK FL 32007-0048**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1997

4. FEI Number

59-3487616

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 137 Airport Farms Road

Suite, Apt. #, etc.

22 City & State

23 Bostwick, Fl.

24 Zip **32007-0343**

25 Country **US**

2a. Mailing Address

26 P.O. Box 343

Suite, Apt. #, etc.

27 City & State

28 Bostwick, Fl.

29 Zip **32007-0343**

30 Country **US**

9. Name and Address of Current Registered Agent

**ROBERTS, LEVY N JR
137 AIRPORT FARMS ROAD
BOSTWICK FL 32007-0048**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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 **D** ☐ DELETE

NAME **ROBERTS, CLIFTINA J**
STREET ADDRESS **137 AIRPORT FARMS ROAD**
CITY-ST-ZIP **BOSTWICK FL 32007-0048**

TITLE **D** ☐ DELETE

NAME **ROBERTS, LEVY N JR**
STREET ADDRESS **137 AIRPORT FARMS ROAD**
CITY-ST-ZIP **BOSTWICK FL 32007-0048**

TITLE **D** ☒ DELETE

NAME **MORRIS, HERSCHEL A JR**
STREET ADDRESS **ROUTE 3 BOX 2600**
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **S/D** ☒ Change ☐ Addition

1.2 NAME **Roberts, Cliftina J**
1.3 STREET ADDRESS **137 Airport Farms Road**
1.4 CITY-ST-ZIP **Bostwick, Fl 32007-0343**

2.1 TITLE **P/T/D** ☒ Change ☐ Addition

2.2 NAME **Roberts, Levy N. Jr.**
2.3 STREET ADDRESS **137 Airport Farms Road**
2.4 CITY-ST-ZIP **Bostwick, Fl. 32007-0343**

3.1 TITLE **D** ☒ Change ☐ Addition

3.2 NAME **Morris, Kathrine A**
3.3 STREET ADDRESS **Route 3 Box 2600**
3.4 CITY-ST-ZIP **Palatka, Fl. 32177**

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 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.

CR2E034 (10/97)