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Feb 23, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000008350

1. Corporation Name
SMITTY'S TOWING & RECOVERY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 13081 METRO PARKWAY, #1A
 FORT MYERS FL 33912

Mailing Address
 13081 METRO PARKWAY, #1A
 FORT MYERS FL 33912

3. Date Incorporated or Qualified
 01/26/1998

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

4. FEI Number
 65-080 3289

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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
 SMITH, MICHAEL
 13081 METRO PARKWAY, #1A
 FORT MYERS FL 33912

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 Michael E. Smith TD Michael E. Smith 1/15/99
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	PD	<input type="checkbox"/> DELETE
NAME	SMITH, TAMMY	
STREET ADDRESS	1117 CAPE CORAL PKWY., W	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CERBONE, KIMBERLY	
STREET ADDRESS	500 S.W. 9TH AVE.	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SMITH, MICHAEL	
STREET ADDRESS	1117 CAPE CORAL PKWY., W.	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CERBONE, JOHN	
STREET ADDRESS	500 S.W. 9TH AVE.	
CITY-ST-ZIP	CAPE CORAL FL 33991	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SMITH, TAMMY	
1.3 STREET ADDRESS	2712 SW 15 Place	
1.4 CITY-ST-ZIP	Cape Coral, FL. 33914	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Smith, Michael	
3.3 STREET ADDRESS	2712 SW 15 Place	
3.4 CITY-ST-ZIP	Cape Coral FL. 33914	
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, with all other like empowered.

SIGNATURE: Michael E. Smith Michael E. Smith 1/15/99 941-561-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)