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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90093 027 ***150.00

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.

Principal Place of Business

13081 METRO PARKWAY, #1A
FORT MYERS FL 33912

Mailing Address

13081 METRO PARKWAY, #1A
FORT MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1998

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

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

☐ DELETE

TITLE PD
NAME SMITH, TAMMY
STREET ADDRESS 1117 CAPE CORAL PKWY., W
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE VPD
NAME CERBONE, KIMBERLY
STREET ADDRESS 500 S.W. 9TH AVE.
CITY-ST-ZIP CAPE CORAL FL 33991

TITLE TD
NAME SMITH, MICHAEL
STREET ADDRESS 1117 CAPE CORAL PKWY., W.
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE SD
NAME CERBONE, JOHN
STREET ADDRESS 500 S.W. 9TH AVE.
CITY-ST-ZIP CAPE CORAL FL 33991

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE PD
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
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE TD
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
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 (11/98)