FILE NOW: FILING FEE AFTER MAY 1ST JS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State FILED DIVISION OF CORPORATIONS 1999 00 MAR -2 AM 9: 37 OCUMENT # Corporation Name SECRETARY OF STATE Butler towing + Kecovery TALLAHASSEE, FLORIDA mapal Place of Business Mailing Address 13707. Nebraska Avenue DO NOT WRITE IN THIS SPACE 33613 3. Date Incorporated or Qualifed 6/26/ Principal Place of Business 2a. Mailing Address 4. FEI Number Арриев For 59-3525007 26 Not Applicable Suite, Apt, #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Regured 27 City & State City & State 6. Election Campaign Financing \$5.00 tany de _[_]_ Trust Fund Contribution — Added to rees Country Zip Country 8. This corporation owes the current year intangible 25 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Troy A. Butler 82 Street Address (P.O. Box Number is Not Acceptable) 38405 Jendral Avenue 83 Zephryhills, FL 33540 84 City Zip Code 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, a 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. -mating∈ ed or printed name of registered agent and title if applicable. Signature hen reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 □ DELETE 1.1 TITLE Troy A. Butler 1.2 NAME 38405 Jendral Avenue - LADURESS 1.3 STREET ADDRESS 2 cphychills FL 33540 ST-ZiP 1.4 CITY-ST-ZIP v. 7. DELETE Change 2.1 TITLE 700003169587--0 Dannis A. Butler 2.2 NAME old Julian Road -03/14/00--01109--006 33 86 _L: ADUÁESS 2.3 STREET ADDRESS ****150.00 ****150,00 Whitsett NC 27377 2. 4 CITY-ST-ZIP ...DELETE _ ლ ტივეა-3.1 TITLE 3.2 NAME T ADDRESS 3.3 STREET ADDRESS ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change Addition 4.1 TITLE 4. 2 NAME ., ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP □ DELETE Chance __ Ассівыя 5.1 TITLE 52 NAME LADDRES 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ST-ZIP DELETE 6.1 TITLE Addition Change 6.2 NAME 6.3 STREET ADDRESS LADURESS 6.4 CiTY-ST-ZIP ST-ZIP I hereby certify that the information supplied with this filing toes 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

ICER OR DIRECTOR

Daytime Phone #

Block 12 or Block 13 if changed, or on an attachment

GNATURE: