

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 # P98000073988

1. Corporation Name
TOWING WORLD CLERMONT, INC.

Principal Place of Business
1262 COMMON COURT
CLERMONT FL 34711

Mailing Address

1262 COMMON COURT
CLERMONT FL 34711

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

27

Same

City & State

23

28

Same

Zip

24

29

Same

Country

25

30

Same

Zip

26

27

Same

Country

28

29

Same

Zip

29

30

Same

Country

30

9. Name and Address of Current Registered Agent

WAKEFIELD, S C
1400 WEST OAK STREET SUITE A
KISSIMMEE FL 34741

81 Name

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

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SANCHEZ, JOHN 1262 COMMON COURT CLERMONT FL 34711	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Sanchez, John
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O'NEAL, ELIZABETH 1262 COMMON COURT CLERMONT FL 34711	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Delete Elizabeth Oneal
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RODRIGUEZ, BONNIE 1262 COMMON COURT CLERMONT FL 34711	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Delete Rodriguez Bonnie
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCABE, KIMBERLY 1262 COMMON COURT CLERMONT FL 34711	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-241-6388

Date

Daytime Phone #

0504113

CR2E034 (1.1/98)