**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000075855

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name

**ULTIMA TOWING, INC.** 

Principal	Place of	of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State\_ ---

21

22

23

24

Zip

6803 INDUSTRIAL AVE. PORT RICHEY FL 34668 Mailing Address

6803 INDUSTRIAL AVE. PORT RICHEY FL 34668

2a. Mailing Address

-City & State

Zip

Suite, Apt. #, etc.

26

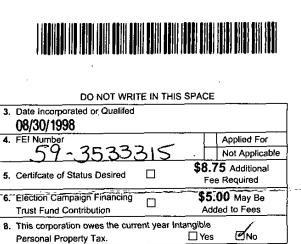
27

28

29

## **FILED** Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90051 039 \*\*\*150.00



MACCHIO, DENISE J 6803 INDUSTRIAL AVE. PORT RICHEY FL 34668

	10. Name and Address of New Registered Agent					
81	Name					
82	Street Address (P.O. Box Number is Not Acceptable)					
83						
84	City FI 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.

Country

30

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatung)  DATE							
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	$\Box$			
TITLE	D DELETE	1.1 TITLE	☐ Change ☐ Addition	on			
NAME	MACCHIO, DENISE	1.2 NAME					
STREET ADDRESS	6803 INDUSTRIAL AVE.	1.3 STREET ADDRESS					
CITY-ST-ZIP	PORT RICHEY FL 34668	1.4 CITY-ST-ZIP		_			
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Additi	on			
NAME		2.2 NAME		ļ			
STREET ADDRESS		2.3 STREET ADDRESS		ĺ			
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		_			
TITLE	DELETE -	3.1 TITLE	Change Additi	ion			
NAME		3.2 NAME		Ì			
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4. CITY-ST-ZIP		_			
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Additi	ion			
NAME	•	4. 2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS		1			
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Additi	on			
NAME		5.2 NAME		- {			
STREET ADDRESS		5.3 STREET ADORESS	,				
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Additi	on			
NAME		6.2 NAME		ļ			
STREET ADDRESS		6.3 STREET ADDRESS		ļ			
CITY-ST-ZIP		6.4 CITY-ST-ZIP					

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:

OFFICER OR DIRECTOR