04-27-1999 90082 045 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000084136

1. Corporation Name

Delegated Diseas of Business

CITY-ST-ZIP

DAILEY TOWING & TRANSPORT, INC.

Fillicipal Fiace	o nusiness	(Vicinity Address									
2212 EAST 109TH AVENUE TAMPA FL 33612		2212 EAST 109TH AVENUE TAMPA FL 33612				DO NOT WE	UTC (N) TH	e edac	`E		
									S SPAC	<u></u>	
						1 -	corporated or Qualifed	1			
							<u>/1998</u>		—		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Nu	mber	,			plied For
21	;	26				-3538444	<u> </u>			t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifo	ite of Status Desired		\$8.75 Additional Fee Recuired		
City & S ate	9	City & State			6. Electio	1 Campaign Financing		\$	5.00	May Be	
23		28			1	Trust Fund Contribution Added to Fees					
Zip Country		Zip Country			8. This co	8. This corporation owes the current year intangible					
	25	29	30			I	Personal Property Tax.				
24 25 9. Name and Address of Currer		<del></del>					and Address of New	Registere	d Agent	t	
	J. Maine and Addiess of Carton	. rragioto.co. rrgont	8	1 1	Name					-	
AME	RILAWYER										,
343	ALMERIA AVENUE		82 Str			dress (P.O. Box	Number is Not Accep	table)			
COR	AL GABLES FL 33134		8	3							
					City			F			
11 Pursuant	to the provisions of Sections 607 0500	2 and 607 1508. Florida Statut	es, the abo	ve-r	named co	rporation submi	s this statement for the	e purpose	of chang	ing its	registered
office crre agent.   a	to the provisions of $S_{\varepsilon}$ ctions 607.0502 egistered agent, or bo h, in the State of familiar with, and accept the obligation	of Florida. Such change was a rons of, Section 607.0505, Flo	uthorized b rida Statute	y the	e corpora	ation's board of (	lirectors. I hereby acce	ept the app	ointmen	t as reg	g stered
SIGNATURE		AVOT -	December 4			irod uchon rainstatura)		DATE			
	Signature, typed or printed na ne of registered agen	T and title if applicable. (NOT :			agnature req		NS/CHANGES TO O		AND DIE	RECTO	RS IN 12
12.		DELETE		1.1 TITLE		ADDITO	3140/0/10/10/10/10			Change	Addition
TITLE	PTD CANDDA I								_	•	
NAME	DAILEY, SANDRA L		1.2 NAME								
STREET ADDRE 3S	2212 EAST 109TH AVENUE		1.3 STRE	ETAL	DDRESS						
CITY-ST-ZIP	TAMPA FL 33612		1.4 CITY	-ST-Z	ZIP						
TITLE	VD	☐ DELETE	2.1 TITLE	Ē						Change	Addition
NAME	DAILEY, HERBERT E		2.2 NAME	E							
STREET ADDRESS	2212 EAST 109TH AVENUE		2.3 STRE	ETA	DDRESS						
CITY-ST-ZIP	TAMPA FL 33612		2 4 CITY	'- ST-	ZIP						
TITLE	SD	☐ DELETE	3.1 TITLE			-				Change	Addition
NAME	LOGAN, ROBERT L		3 2 NAME	E							
STREET ADDRESS	2212 EAST 109TH AVENUE		3.3 STRE		DDRESS						
	TAMPA FL 33612		3.4. CITY								
CITY-ST-ZIP	IAMEA IL GOOTE	☐ DELETE	4.1 TITLE							Change	Addition
NAME			4. 2 NAM						_	=	
STREET ADDRESS			4 3 STRE		DDRESS						
CITY-ST-ZIP			4.4 CITY	- ST- Z	ZIP						
TITLE		☐ DELETE	5.1 TITLE							Change	Addition
NAME			5.2 NAMI	E							
	5		5.3 STRE	5.3 STREET ADDRESS							
STREET ADDRESS			5.4 CITY								
CITY-ST-ZIP		☐ DELETE	6.1 TITLE							Change	Addition
TITLE		□ betti€	6.2 NAM							<b>y</b> .	_
NAME											
STREET ADDRESS			6.3 STRE	ET AI	DDRESS						

14. I hereby certify that the informa ion 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 signal are 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 changes, or on an attachment with an address, with all other like empowered. SIGNATURE:

6.4 CITY-ST-ZIP