


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

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90047 049 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000101958**

1. Corporation Name  
**ANTHONY'S TOWING AND RECOVERY INC.**



Principal Place of Business 9848 BEACH BLVD. JACKSONVILLE FL 32246 3529 N. Liberty St Jacksonville, FL 32206		Mailing Address 10556 LONE STAR RD. JACKSONVILLE FL 32225	
2. Principal Place of Business 21 3529 N. Liberty St.	2a. Mailing Address 26 Same	3. Date Incorporated or Qualified 12/03/1998	4. FEI Number 65-0599248
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	Applied For Not Applicable
City & State 23 Jacksonville, FL.	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
Zip 24 32206	Country 25 U.S.	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

DO NOT WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent MOFFO, JOSEPH JR. 10556 LONE STAR RD. JACKSONVILLE FL 32225		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 Joseph Moffo (NOTE: Registered Agent signature required when reinstating) DATE 4-2-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Joseph Moffo Jr. <input type="checkbox"/> DELETE	1.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President	1.2 NAME	Scott Ritchey
STREET ADDRESS	10556 Lone Star Rd.	1.3 STREET ADDRESS	13903 Ascot Dr.
CITY-ST-ZIP	Jacksonville, FL 32225	1.4 CITY-ST-ZIP	Jacksonville, FL 32250
TITLE	Vice President <input type="checkbox"/> DELETE	2.1 TITLE	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott A. Ritchey	2.2 NAME	L.H. Moody
STREET ADDRESS	13903 Ascot Dr.	2.3 STREET ADDRESS	9241 5th Ave
CITY-ST-ZIP	Jacksonville FL 32250	2.4 CITY-ST-ZIP	Jacksonville, FL 32208
TITLE	Treasurer <input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Moffo Jr.	3.2 NAME	Amy Clendaniel
STREET ADDRESS	10556 Lone Star Rd.	3.3 STREET ADDRESS	6824 Arthur Ct.
CITY-ST-ZIP	Jacksonville, FL 32225	3.4 CITY-ST-ZIP	Jacksonville, FL 32211
TITLE	Secretary <input type="checkbox"/> DELETE	4.1 TITLE	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amy Clendaniel	4.2 NAME	CARLOS E. SLAY
STREET ADDRESS	6824 Arthur Ct.	4.3 STREET ADDRESS	3909 JERKA RD.
CITY-ST-ZIP	Jacksonville, FL 32211	4.4 CITY-ST-ZIP	CALAHAN ALA. 32011
TITLE	Trustee <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	L.H. Moody	5.2 NAME	
STREET ADDRESS	9241 5th Ave	5.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32208	5.4 CITY-ST-ZIP	
TITLE	Trustee <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	CARLOS E. SLAY	6.2 NAME	
STREET ADDRESS	3909 JERKA RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CALAHAN ALA. 32011	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: Joseph Moffo President 6-2-99 904-641-0869  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)