1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S62461

CHRISTIE JUNE TOWING COMPANY, INC.

Principal Place of Business	Mailing Address
937 BULKHEAD ROAD GREEN COVE SPRINGS FL 32043	937 BULKHEAD ROAD GREEN COVE SPRINGS FL 32043
IIC	119

May 10, 1999 8:00 am Secretary of State

05-10-1999 90218 048 ***150.00



US	US		DO NOT WRITE IN THIS SPACE						
						3. Date Incorporated or Qualifed			
						06/26/1991			
2. Principal Place of Business 2a. Ma		2a. Mailing Address	Mailing Address			4. FEI Number		Ap	plied For
21 26		26				59-3074474		Ne	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75	Additional	
27					5. Certifcate of Status Desired		Fee Re	equired	
City & State City & State					6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	untry		8. This corporation owes the current	nt vear Inta		
24	25	⊢ ¬	30			Personal Property Tax.	•	∏ Yes	19No
	9. Name and Address of Current		30	T		10. Name and Address of New Re			
	5. Name and Address of Surrent	rregiotered Agent		81 Na	ame	10, 112, 112, 112, 112, 112, 112, 112, 1	g	3	
SMIT	'H, A. JOSEPH								
	HECKSCHER DRIVE			82 St	treet Addres	ss (P.O. Box Number is Not Acceptab	le)		
	(SONVILLE FL 32226-2502			-					
JACI	(SONVILLE FL 32220-2302			83					
				84 Ci	itv			85 Zip	Code
					,		FL		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the a	bove-na	med corpor	ation submits this statement for the p	urpose of c	hanging its	registered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was au ons of, Section 607 0505. Flori	ithorizei ida Stat	d by the i tutes.	corporation	is board of directors. I hereby accept	tne appoint	meni as re	gistered
_	THE TENNET WITH, LINE SOCOPE THE SONGEN	5110 51, GGGGG1 GG1.GG55, 11611	,						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	d Agent sign	ature required v	when reinstating)	DATE		 {
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	DRS IN 12
TITLE	PST	☐ DELETE	1.1 11					Change	Addition
NAME	SMITH, A. JOSEPH		1.2 N	IAME)				Ì
STREET ADDRESS	937 BULKHEAD ROAD		i i	TREET ADDR	ores				
l l	GREEN COVE SPRINGS FL								į
CITY-ST-ZIP		☐ DELETE	2.1 TI	ITY-ST-ZIP	'			Change	Addition
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NAME	SMITH, A. JOSEPH		2.2 N		}				}
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CITY-ST-ZIP	GREEN COVE SPRINGS FL		2.40	ITY-ST-ZIP	<u>-</u>				
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NAME			4. 2 N	NAME)				ì
			1	TREET ADD	DESS				ļ
STREET ADDRESS			1						l
CITY-ST-ZIP		☐ DELETE	5.1 Ti	my-st-zip	'			Change	Addition
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NAME :									\
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TITLE		☐ DELETE	6.1 11	TILE	1			Change	Addition
NAME			6.2 N	AME					
STREET ADDRESS			6.3 S	TREET ADDR	RESS				Į
CITY-ST-ZIP			6.4 C	ITY-ST-ZIP	.				
44 11	- ALE - AL - AL - 1 - E	this files does not suplify for	the eve	tion o	stated in Sa	ction 110 07(3)(i) Florida Statutes Li	orthor carti	fy that the i	nformation

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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR