

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

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90052 035 \*\*\*150.00

DOCUMENT # S86539

1. Corporation Name

ABE'S WRECKER SERVICE, INC.

Principal Place of Business

3261 PHILIPS HWY  
JACKSONVILLE FL 32207  
US

Mailing Address

3261 PHILIPS HWY  
JACKSONVILLE FL 32207  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1991

4. FEI Number

59-3086414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

SCHEIDER, LEWIS  
2109 MARTIN ST.  
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

Scheider, Lewis

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

3261 Philips Hwy.

83

84 City Jax.

FL

85 Zip Code

32207

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

Lewis H. Scheider

Lewis H. Scheider / President

DATE

4/09/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SCHEIDER, LEWIS  
STREET ADDRESS RTE. 2, BOX 1350  
CITY-ST-ZIP CALLAHAN FL

TITLE V ☐ DELETE

NAME SCHEIDER, BETTY  
STREET ADDRESS RTE. 2, BOX 1350  
CITY-ST-ZIP CALLAHAN FL

TITLE V ☒ DELETE

NAME SCHEIDER, LEWIS, II  
STREET ADDRESS RT. 2, BOX 1350  
CITY-ST-ZIP CALLAHAN FL

TITLE S ☐ DELETE

NAME ANDERSON, BELINDA  
STREET ADDRESS 12550 LOUIS ST  
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME Scheider, Lewis  
1.3 STREET ADDRESS 3261 Philips Hwy.  
1.4 CITY-ST-ZIP Jax., FL 32207

2.1 TITLE TREASURER ☒ Change ☐ Addition

2.2 NAME Scheider, Betty  
2.3 STREET ADDRESS 3261 Philips Hwy.  
2.4 CITY-ST-ZIP Jax., FL 32207

3.1 TITLE Director ☐ Change ☒ Addition

3.2 NAME Scheider, Dallas  
3.3 STREET ADDRESS 3261 Philips Hwy.  
3.4 CITY-ST-ZIP Jax., FL 32207

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

Lewis H. Scheider

SIGNATURE REQUIRED

Lewis H. Scheider

Date

4/09/99

Daytime Phone #

(904) 398-6229

CR2E034 (1/98)

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