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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

MENT " OCCO

D. M. TOWING COMPANY, INC.  Principal Place of Business  800 PEUCHSCHER DRIVE GREEN COVE SPRINGS FL 32226 US  2. Principal Place of Business  2. Adding Address  2. Principal Place of Business  3. Date Principal Place of Business  4. Fit Place of Bu	DOCU 1. Corporatio	MENT #	S9566	38 (	7)						
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County   C	Principal Place of Business Mating Address							 			
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Substitute   Sub		lace of Business		2a. Mailing Address			the state of the s				
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City & State    City & State   City	22 Suite, Apt.	#, eic.		F- 1	<u></u>			5. Certificate of Status Desired			
70	Cily & Stat 23	e		Fri 1	· 1				Election Campaign Financing \$5.00 May Be		
Second Address of Current Registered Agent		25	Country	Zip	Zip Cour			8. This corporation has liability for intangible tax under s. 199.			
SMITH, M. DENISE 937 BULKHEAD ROAD GREEN COVE SPRINGS FL 32043  84 Dity  FL 85 Zip Code  11. Fursion to the provisions of Sections CO7.0502 and EO7.18(6, Florida Statutes, the above named despotation submits, bits statement for the purpose of changing as registered office or registered agent, or both, in the State of Londs, Such Change was authorized by the Conjudation's coal of deciders. I benefit appointment as registered agent, 1 am from a count of obligations of, Section EO7.0505, Florida Statutes  SIGNATURE  Syndre specific productions of registered agent, 1 am from a count of obligations of, Section EO7.0505, Florida Statutes  SIGNATURE  Syndre specific productions of registered agent, 1 am from a count of obligations of registered agent, 1 am from a count of obligations of registered agent, 1 am from a count of obligations of registered agent, 1 am from a count of obligations of registered agent, 1 am from a count of obligations of registered agent, 1 am from a count of obligations of registered agent, 1 am from a count of obligations of registered agent, 1 am from a count of obligations of registered agent, 1 am from a count of obligations of registered agent, 1 am from a count of obligations of registered agent, 1 am from a count of obligations of registered agent, 1 am from a count of obligations of registered agent, 1 am from a count of obligations of registered agent, 1 am from a count of obligations of registered agent, 1 am from a count of obligations of registered agent, 1 am from a count of obligations of registered agent, 1 am from a count of obligations of registered agent, 1 am from a count of obligations of registered agent, 2 am from a count of obligations of registered agent, 2 am from a count of obligations of registered agent, 2 am from a count of obligations of registered agent, 2 am from a count of registered agent, 2 am from a count of obligations of registered agent, 2 am from a count of obligations of registered agent, 2 am from a count of registered agent, 2 am from a count of regi								7		Agent	
937 BULKHEAD ROAD					8	1	Name				
SA				8	2	Street Addr	ess (P.O. Box Number is Not Acceptable)				
The Fundament of the provisions of Sections G97 0502 and E07 1508, Florida Statutes, the above manied copio-alize statement for the purpose of changer by the registered agent, or both, in the State of Funda State change was auditorized by the conjugation statement for the purpose of changer by the registered agent, or both, in the State of Funda Statetes.  SIGNATURE  SUBJECT 1508				83							
11. Fursion to the provisions of Sections 607,0002 and 607,1508, Florids Statutes. The above named corporation sides is the above named corporation sides of the provisions of changing its registered agent, or both, in the State of Florids Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. For familiar with a decopet the obligations of Section 607,0505, Fixeds Statutes.  SIGNATURE  Signature  12. OFFI CERS AND DIFFE CHORS  13. ADDIFFONS CHANGES TO OFFI CERS AND DIFFE CHORS IN 12.  14. There is a state of the provided registered agent. For familiar with a state of the state of the provided agent. For familiar with a state of the provided agent agent. For familiar with a state of the provided agen	GHEE	N COVE SPRI	NGS FL 32043								
SIGNATURE						4	City		FL	85 Zı	o Code
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NAME   SMITH, M. DENISE   12 NAME   13 SIRFH ADDRESS   14 CHY-SI-ZP   14 CHY-SI	12.	Cognotive type (or pr				(#) I I ( 8	e durantine und hise			DIRECTO	PRS IN 12
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	CITY-ST-ZIF	y certify that the	information or avalority	ath this films is sail as so	€ 4 CITY	SI-	ZIP	to the appropriate state of the Destant 2000	Trovin de	Cala Cont.	- 16

4. I do nevety certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Hurther 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 Elyafs 13 if changed, or on an attackment with an address.

SIGNATURE:

TO LOUNCE ENDEADE OF SIGNING OFFICER OR DIRECTO

4-3-96

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