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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
May 02 1997 8:00am
Secretary of State

DOCUMENT # \$95668 1. Corporation Name D. M. TOWING COMPANY, INC.  Principal Place of Business  9830 HECKSCHER DRIVE GREEN COVE SPRINGS FL 32226 US  (7)  Mailing Address  937 BULKHEAD ROAD GREEN COVE SPRINGS FL 32043-8340 US								
•		•			3. Date Incorporated or Qualified 11/21/1991	,	te of Last 10/1996	•
	Place of Business	2a. Mailing Address			4. FEI Number			Applied For
Suite Apt	# etc.	26 Suite. Apt. #, etc.			65-0299756			Not Applicable Additional
22	N	27			5. Certificate of Status Desired		•	Required
City & Stat 23	te	City & State			Election Campaign Financing     Trust Fund Contribution			May Be
Zipi	Country	Zip	Country	y	8. This corporation has liability for in	ntangible Yes	tax under	
24	9. Name and Address of Curr	29  rent Registered Agent	30	<del></del>	10. Name and Address of New Re			
SMI	TH, M. DENISE		81	Name				
937	BULKHEAD ROAD		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	***************************************	
GRE	EEN COVE SPRINGS FL 32043		63					····
	•			<u> </u>			11	- O- I-
			84	City		FL	B5 Zip	p Code
.,		ligations of, Section 607,0505,	Florida Statute	is.	poration submits this statement for the p tion's board of directors. I hereby accep			
SIGNATURE	Signal in , typed or pointed name of registered of OFFICERS A	agent and title if applicable (N	IOTE: Registered Ag	·S.	red when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE	DIRECTO	DRS IN 12
SIGNATURE	Stonature, typed or printed name of exported in OFFICERS A PD SMITH, M. DENISE	agent and trie if applicable (N	IOTE: Registered Ag	ent signature requ	rod when reinslating)	DATE		DRS IN 12
SIGNATURE  12.	Standare, typical or printed name of registered.  OFFICERS A PD SMITH, M. DENISE 937 BULKHEAD ROAD	agent and title if applicable (N	IOTE: Registered Ag  13.  1.1 TITLE  1.2 NAME	ent signature requ	rod when reinslating)	DATE	DIRECTO	DRS IN 12
SIGNATURE  12. HILE HAME SIREET ATORESS CITY S1-70P	Stonature, typed or printed name of exported in OFFICERS A PD SMITH, M. DENISE	agent and title if applicants (NANO DIRECTORS DELETE	13. 1.1 YITLE 1.2 NAME 1.3 STREE 1.4 CITY-	rs.  In a signature requirement signature sign	rod when reinslating)	DATE	DIRECTO Change	DRS IN 12 e Addition
SIGNATURE  12.  HILE HAM: SIBLET ATORESS	Standare, typical or printed name of registered.  OFFICERS A PD SMITH, M. DENISE 937 BULKHEAD ROAD	agent and title if applicable (N	13. 1.1 TITLE 1.2 NAME 1.3 STREE	T ADDRESS ST-ZIP	rod when reinslating)	DATE	DIRECTO	DRS IN 12 e Addition
SIGNATURE  12.  DITE  HAM: STREET ATORESS CITY S1-70° 101.E	Signature, typical or printed name of registered.  OFFICERS A PD SMITH, M. DENISE 937 BULKHEAD ROAD GREEN COVE SPRINGS FL	agent and title if applicants (NANO DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	T ADDRESS ST-ZIP	rod when reinslating)	DATE	DIRECTO Change	DRS IN 12 e Addition
SIGNATURE  12. HILE HAM: SIREEL ADDRESS CITY SI-70P HILE HAM. SIREEL ADDRESS CITY-SI-71P	Signature, typical or printed name of registered.  OFFICERS A PD SMITH, M. DENISE 937 BULKHEAD ROAD GREEN COVE SPRINGS FL	agent and trie if applicable (NAND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE	T ADDRESS T ADDRESS	rod when reinslating)	DATE	DIRECTO Change	DRS IN 12 e Addition e Addition
SIGNATURE  12.  HILE  NAME  SIBELLATIONESS  CITY SI-700  HILE  NAM.  SIBELLADDRESS  CITY-S - 700  HILE	Signature, typical or printed name of registered.  OFFICERS A PD SMITH, M. DENISE 937 BULKHEAD ROAD GREEN COVE SPRINGS FL	agent and title if applicants (NANO DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE	I ADDRESS ST-ZIP I ADDRESS ST-ZIP	rod when reinslating)	DATE	DIRECTO Change	DRS IN 12 e Addition e Addition
SIGNATURE  12. HILE HAM: SIREELANDRESS CITY SI-70P HILE HAM: SIREELANDRESS CITY-SI-71P	Signature, typical or printed name of registered.  OFFICERS A  PD SMITH, M. DENISE 937 BULKHEAD ROAD GREEN COVE SPRINGS FL	agent and trie if applicable (NAND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	I ADDRESS ST-ZIP I ADDRESS ST-ZIP	rod when reinslating)	DATE	DIRECTO Change	DRS IN 12 e Addition e Addition
SIGNATURE  12. HUE HAM: SIRELLATORESS CITY ST-ZIP HT.E NAM. SIRELLADDRESS CITY-S - ZIP HTUE NAME	Signature, typical or printed name of registered.  OFFICERS A  PD SMITH, M. DENISE 937 BULKHEAD ROAD GREEN COVE SPRINGS FL	agent and the II applicative (NAND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	rod when reinslating)	DATE	DIRECTO Change Change	DRS IN 12 e
SIGNATURE  12.  HILE  NAME  SIRELLATORESS  CITY SI-ZIP  TOTA  SIRELLATORESS  CITY-S - ZIP  HILE  NAME  SIRELLATORESS  CITY SI - ZIP  HILE  NAME  SIRELLATORESS  CITY SI - ZIP  HILE  HILE	Signature, typical or printed name of registered.  OFFICERS A  PD SMITH, M. DENISE 937 BULKHEAD ROAD GREEN COVE SPRINGS FL	agent and trie if applicable (NAND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP I ADDRESS ST-ZIP	rod when reinslating)	DATE	DIRECTO Change	DRS IN 12 e
SIGNATURE  12. HILE HAME SIREET ATORESS CITY ST-ZIP 101.6 NAM. STREET ADDRESS CITY S - ZIP HILE NAME SIREET ADDRESS CITY ST-ZIP HILE HAME	Signature, typed or printed name of eigenreed.  OFFICERS A  PD SMITH, M. DENISE 937 BULKHEAD ROAD GREEN COVE SPRINGS FL	agent and the II applicative (NAND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS S1-ZIP T ADDRESS S1-ZIP	rod when reinslating)	DATE	DIRECTO Change Change	DRS IN 12 e
SIGNATURE  12.  HILE HAM: SIRELLATORISS CITY ST-ZIP TOLE NAM. SIRELLATORISS CITY S - ZIP TITLE NAME SIRELLATORISS CITY ST ZIP TITLE NAME STREELATORISS	Signature, typed or printed name of eigenreed.  OFFICERS A  PD SMITH, M. DENISE 937 BULKHEAD ROAD GREEN COVE SPRINGS FL	agent and the II applicative (NAND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T ADDRESS	rod when reinslating)	DATE	DIRECTO Change Change	DRS IN 12 e
SIGNATURE  12.  HITE  MAM: SIRELLATORESS CITY ST-78P  HITE  NAM. SIRELLADORESS CITY S - 78P  HITE  NAME  SIRELLADORESS CITY ST 78P  HITE  NAME  NAME  NAME	Signature, typed or printed name of eigenreed.  OFFICERS A  PD SMITH, M. DENISE 937 BULKHEAD ROAD GREEN COVE SPRINGS FL	agent and the II applicative (NAND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T ADDRESS	rod when reinslating)	DATE	DIRECTO Change Change	DRS IN 12 e
SIGNATURE  12. HILE HAME SIREET ATORESS CITY ST-ZIP HILE NAM, STREET ADDRESS CITY S - ZIP HILE NAME STREET ADDRESS CITY ST ZIP HILE HAME STREET ADDRESS CITY ST ZIP	Signature, typed or printed name of eigenreed.  OFFICERS A  PD SMITH, M. DENISE 937 BULKHEAD ROAD GREEN COVE SPRINGS FL	agent and the if applicative (NAND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE	T ADDRESS ST-ZIP	rod when reinslating)	DATE	DIRECTO Change Change Change	DRS IN 12 e
SIGNATURE  12. HILE HAME SIREET ATORESS CITY ST-ZIP HILE NAM. STREET ADDRESS CITY-S - ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP TELE	Signature, typed or printed name of agreemed.  OFFICERS A PD SMITH, M. DENISE 937 BULKHEAD ROAD GREEN COVE SPRINGS FL	agent and the if applicative (NAND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.1 TITLE 5.2 NAME 5.3 STREE	T ADDRESS ST-ZIP T ADDRESS	rod when reinslating)	DATE	DIRECTO Change Change Change	DRS IN 12 e
SIGNATURE  12. HILE HAME SIREET ADDRESS CITY ST-ZIP HILE NAME STREET ADDRESS CITY-S - ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of agreemed.  OFFICERS A PD SMITH, M. DENISE 937 BULKHEAD ROAD GREEN COVE SPRINGS FL	agent and trie if applicative (NAND DIRECTORS   DELETE   DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-	T ADDRESS ST-ZIP T ADDRESS	rod when reinslating)	DATE	DIRECTO Change Change Change	DRS IN 12  e
SIGNATURE  12. HILE HAM: SIREELADDRESS CITY SI-ZIP HILE NAM: SIREELADDRESS CITY-SI-ZIP HILE NAME SIREELADDRESS CITY-SI-ZIP HILE NAME SIREELADDRESS CITY-SI-ZIP TOTE NAME SIREELADDRESS CITY-SI-ZIP TOTE NAME SIREELADDRESS CITY-SI-ZIP TOTE NAME SIREELADDRESS CITY-SI-ZIP TOTE HAMME SIREELADDRESS CITY-SI-ZIP TOTE HAMME SIREELADDRESS CITY-SI-ZIP TOTE	Signature, typed or printed name of agreemed.  OFFICERS A PD SMITH, M. DENISE 937 BULKHEAD ROAD GREEN COVE SPRINGS FL	agent and the if applicative (NAND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE	T ADDRESS ST-ZIP	rod when reinslating)	DATE	DIRECTO Change Change Change	DRS IN 12 e
SIGNATURE  12. HILE HAME SIREET ADDRESS CITY ST-ZIP HILE NAME STREET ADDRESS CITY-S - ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of agreemed.  OFFICERS A PD SMITH, M. DENISE 937 BULKHEAD ROAD GREEN COVE SPRINGS FL	agent and trie if applicative (NAND DIRECTORS   DELETE   DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME	T ADDRESS ST-ZIP	rod when reinslating)	DATE	DIRECTO Change Change Change	DRS IN 12  e

4. To hereby cert by 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 12 at 13 it transpaces.

SIGNATURE:

enise fruit

4-25-97

aytime Phone #

TIONE #