

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

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V30576 (5)
1. Corporation Name
B.K. TOWING, INC.

Principal Place of Business
RT. 5 - BOX 184C
BIG PINE KEY FL 33043

Mailing Address
RT. 5 - BOX 184C
BIG PINE KEY FL 33043



2. Principal Place of Business
21 30554 5th Ave
Suite, Apt. #, etc.

2a. Mailing Address
26 PO Box 1397
Suite, Apt. #, etc.

22 City & State
23 Big Pine Key FL
24 33043 Country
25 Monroe

27 City & State
28 Big Pine Key FL
29 33043 Country
30 Monroe

3. Date Incorporated or Qualified
04/20/1992

3a. Date of Last Report
06/20/1996

4. FEI Number
65-0331521

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KIEBER, BOBBIE L.
RT. 5 - BOX 184C
BIG PINE KEY FL 33043

10. Name and Address of New Registered Agent

81 Name Bobbie L. Kieber
82 Street Address (P.O. Box Number is Not Acceptable)
30582 5th Ave
83
84 Big Pine Key FL 85 33043

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: Bobbie L. Kieber 4-14-97
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	KIEBER, BOBBIE L.	
STREET ADDRESS	RT. 5 - BOX 184C	
CITY - ST - ZIP	BIG PINE KEY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KIEBER, BOBBIE L.	
STREET ADDRESS	RT. 5 - BOX 184C	
CITY - ST - ZIP	BIG PINE KEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: Bobbie L. Kieber 4-15-97 30582 5th Ave Big Pine Key FL 33043

CR2E034 (9/96)