

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

FILED

**Apr 18 1997 8:00am
Secretary of State**

| | | |
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| 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 |
|--|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 04/20/1992 | 3a. Date of Last Report 06/20/1996 |
|--|--|

| | |
|---|--|
| 2. Principal Place of Business 21 30554 5th Ave | 2a. Mailing Address 26 PO Box 1397 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|------------------------------------|---|
| 4. FEI Number 65-0331521 | Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
|------------------------------------|---|

| | |
|----|----|
| 22 | 27 |
|----|----|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|---|
| 23 City & State Big Pine Key FL | 28 City & State Big Pine Key FL |
|---|---|

| | |
|---|------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|------------------------------------|

| | | | |
|------------------------|-----------------------------|------------------------|-----------------------------|
| 24 Zip 33043 | 26 Country Monroe | 29 Zip 33043 | 30 Country Monroe |
|------------------------|-----------------------------|------------------------|-----------------------------|

| |
|---|
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 DATE **4-14-97**

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | <input type="checkbox"/> DELETE |
|----------------------------|--------------------------|---------------------------------|
| TITLE | DPS | <input type="checkbox"/> |
| NAME | KIEBER, BOBBIE L. | |
| STREET ADDRESS | RT. 5 - BOX 184C | |
| CITY-ST-ZIP | BIG PINE KEY FL | |
| TITLE | T | <input type="checkbox"/> |
| NAME | KIEBER, BOBBIE L. | |
| STREET ADDRESS | RT. 5 - BOX 184C | |
| CITY-ST-ZIP | BIG PINE KEY FL | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--|---------------------------------|-----------------------------------|
| 1.1 TITLE | | | |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | | | |
| 1.4 CITY-ST-ZIP | | | |
| 2.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 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**

CR2E034 (9/96)