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

PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V37952

(1)

INTERSTATE TOWING & RECOVERY, INC.

FILED
Apr 28 1997 8:00am
Secretary of State

Principal Plac	e of Business	Mailing Address				
2954 PHILLIPS HWY JACKSONVILLE FL 32207		2954 PHILLIPS HWY JACKSONVILLE FL 32207-4420				
					3. Date Incorporated or Qualified 05/20/1992	3a. Date of Last Report 04/09/1996
2. Principal P	lace of Business	2a. Mailing Addre	ss		4. FEI Number	Applied For
21		26			59-3139357	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	71p	30	intry	8. This corporation has liability for in Florida Statutes	langible tax under s 199.032, Yes □ No
	9. Name and Address of Cu	irrent Registered Agent			10. Name and Address of New Reg	stered Agent
4655	IDERSON, ALAN D. 5 SALISBURY RD. STE. 390 KSONVILLE FL 32256			83	: I Address (P.O. Box Number is Not Acceptable	
				BAL COV		os Zin Codo

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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Bog stored Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change Addition 3.1 TITLE ROZIER III, KENNETH R. NAME 1.2 NAME 2954 PHILLIPS HWY. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-ZIP 1.4 CHIY- ST-7:P DELETE Change Addition TITLE 211001 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELFTE Change Addition TITLE 3.13000 NAME 3.2 NAME STREET ADDRESS 3/3 STREET ADDRESS CITY-ST-ZIP 3 4. CHY - S1 - 7IP DELETE Change Addition THTLE 4 1 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TOLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY- \$1 - ZIP DELETE Change Addition TITLE 6.1 THEE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 appear with an address.

SIGNATURE:

CITY-ST-ZIP

Senneth Klores III

(904) 398-2330