FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:17

DOCUMENT # **V49267** **(0)**

1. Corporation Name
SUPERIOR TOWING, INC.

Principal Place of Business
4530 LENOX AVENUE
JACKSONVILLE FL 32205

Mailing Address
4530 LENOX AVENUE
JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/01/1992**
3a. Date of Last Report: **02/22/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **58-2002382** ☐ 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

SACK, MARTIN, JR.
SUITE 203
311 WEST DUVAL STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: _____ DATE
(If changing Registered Agent, Registered Agent must sign above)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	MAULDIN, PATRICK E	12 NAME	
STREET ADDRESS	4652 ORTEGA FOREST DRIVE	13 STREET ADDRESS	11935 Catrakee Drive
CITY-ST-ZIP	JACKSONVILLE FL 32210	14 CITY-ST-ZIP	Jacksonville, Florida 32223
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	DELCAMPO, MICHAEL C	22 NAME	
STREET ADDRESS	4653 ORTEGA FOREST DRIVE	23 STREET ADDRESS	11935 Catrakee Drive
CITY-ST-ZIP	JACKSONVILLE FL 32210	24 CITY-ST-ZIP	Jacksonville, Florida 32223
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, RONALD S	32 NAME	
STREET ADDRESS	4301 CONFEDERATE POINT ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	34 CITY-ST-ZIP	
TITLE	STD	41 TITLE	☒ Change ☐ Addition
NAME	MAULDIN, GAIL	42 NAME	
STREET ADDRESS	4653 ORTEGA FOREST DRIVE	43 STREET ADDRESS	11935 Catrakee Drive
CITY-ST-ZIP	JACKSONVILLE FL 32210	44 CITY-ST-ZIP	Jacksonville, Florida 32223
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I (We) hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Gail B. Mauldin GAIL MAULDIN **3/10/95** **(904) 384-4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0014660 CP