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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1998**

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

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

1. Corporation Name
**SUPERIOR TOWING, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4530 LENOX AVENUE<br>JACKSONVILLE FL 32205 | 4530 LENOX AVENUE<br>JACKSONVILLE FL 32205 |

DO NOT WRITE IN THIS SPACE

| | | | |
|---|---|---|---|
| 2. Principal Place of Business<br>21 4530 Lenox Ave | 2a. Mailing Address<br>26 4530 Lenox Ave | 3. Date Incorporated or Qualified<br>07/01/1992 | |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>58-2002382 | ☐ Applied For<br>☐ Not Applicable |
| City & State<br>23 Jacksonville FL | City & State<br>28 Jacksonville FL | 5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |
| Zip / Country<br>24 32205 25 | Zip / Country<br>29 32205 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ | **$5.00** May Be Added to Fees |
| | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No | |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| SACK, MARTIN, JR.<br>SUITE 203<br>311 WEST DUVAL STREET<br>JACKSONVILLE FL 32202 | 81 Name: Martin Sack, Jr<br>82 Street Address (P.O. Box Number is Not Acceptable): 311 West Duval Street<br>83 Suite 203<br>84 City: Jacksonville FL 85 Zip Code: 32202 |

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>MAULDIN, PATRICK E<br>11935 CATRAKEE DR<br>JACKSONVILLE FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>DELCAMPO, MICHAEL C<br>11935 CATRAKEE DR<br>JACKSONVILLE FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>TAYLOR, RONALD S<br>4301 CONFEDERATE POINT ROAD<br>JACKSONVILLE FL 32210 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>VD<br>Taylor, Ronald S.<br>4301 Confederate Point Road #112<br>Jacksonville FL 32210 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>MAULDIN, GAIL<br>11935 CATRAKEE DR<br>JACKSONVILLE FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (10/97)

14. I 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:** Ronald S Taylor 3.3.98 904-384-4000