


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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V62180** (7)
1. Corporation Name
TREASURE COAST TOWING OF MARTIN COUNTY, INC.



Principal Place of Business 1337 SW BILTMORE ST PORT ST LUCIE FL 34983	Mailing Address 1337 SW BILTMORE ST PORT ST LUCIE FL 34983
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7704 Basswood Dr. Suite, Apt. #, etc. 22 City & State 23 Chattanooga, TN. Zip Country 24 37416 25		2a. Mailing Address 26 7704 Basswood Dr. Suite, Apt. #, etc. 27 City & State 28 Chattanooga, TN. Zip Country 29 37416 30		3. Date Incorporated or Qualified 09/08/1992	4. FEI Number 65-0372597 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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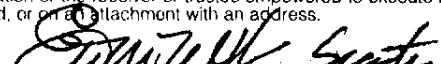
9. Name and Address of Current Registered Agent DAVIS, JOSEPH 661 SE NORSEMAN DR. PORT ST. LUCIE FL 34984		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant 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 if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P
NAME	DAVIS, JOE	1.2 NAME	Davis, Joe
STREET ADDRESS	661 NORSEMAN DR	1.3 STREET ADDRESS	661 Norseman Drive
CITY-ST-ZIP	PORT ST LUCIE FL	1.4 CITY-ST-ZIP	Port St. Lucie, FL 34984
TITLE	D	2.1 TITLE	VP
NAME	DAVIS, GALE	2.2 NAME	Maynard, John
STREET ADDRESS	661 NORSEMAN DR	2.3 STREET ADDRESS	7704 Basswood Drive
CITY-ST-ZIP	PORT ST LUCIE FL	2.4 CITY-ST-ZIP	Chattanooga, TN. 37416
TITLE		3.1 TITLE	S, T
NAME		3.2 NAME	Wexler, Eric
STREET ADDRESS		3.3 STREET ADDRESS	7704 Basswood Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Chattanooga, TN. 37416
TITLE		4.1 TITLE	D
NAME		4.2 NAME	Badgley, Jeff
STREET ADDRESS		4.3 STREET ADDRESS	8503 Hilltop Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ooltewah, TN. 37363
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:  3-9-98 422-893-3307

CP2E034 (10/97)