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

Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT

1998

NAME STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000049817 (8)

J & D MOBIL MAINTENANCE, INC.

Principal Place of Business 2307 TAMARIND ST. 2307 TAMARIND ST. PORT CHARLOTTE FL 33948 PORT CHARLOTTE FL 33948 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/09/1993 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 65-0429792 Suite, Apt. #, etc. \$8.75 Additional Sulte, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Zip Country 8. This corporation owes or has paid the current year Intangible Country Yes Yes Personal Property Tax due June 30. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name MOLTZAN, GERALD W 2307 TAMARAND ST Street Address (P.O. Box Number is Not Acceptable) PORT CHARLOTTE FL 33948 83 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE 1.2 NAME NAME MOLTZAN, RITA 1418 SCHENLEY ST. 1.3 STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 33952 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE MOLTZAN, DONALD 2.2 NAME NAME 2307 TAMARIND ST. STREET ADDRESS 2.3 STREET ADDRESS **PORT CHARLOTTE FL 33948** CITY-ST-ZIP 2. 4 CITY - S1 - ZIP Addition DELETE Change 3.1 TITLE TITLE MOLTZAN, CASSANDRA 3.2 NAME 2307 TAMARIND ST. 3.3 STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 3.4. CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE MOLTZAN, GERALD 4. 2 NAME NAME 1418 SCHENLEY ST. 4.3 STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 33952 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - S1 - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE

14. Thereby 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.

6.2 NAME

**6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

1-26-98

941-742-5617

**FILED** 

Feb 03 1998 8:00am

Secretary of State