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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000049817

J & D MOBIL MAINTENANCE, INC.

|  | DIE MANATENANCE, INC.  |  |  |  |  |   |   |   |   |                   |
|--|--|--|--|--|--|---|---|---|---|-------------------|
| rincipal Place   | of Business  | Mailing Address  |  |  |  |   |   |   |   |                   |
| 07 TAMARIND ST.<br>DRT CHARLOTTE FL 33948  |  | 2307 TAMARIND ST.<br>PORT CHARLOTTE FL 33948   |  |  |  |   |   |   |   |                   |
|  |  |  |  |  | DO NOT WRITE IN THIS SPACE   |   |   |   |   |                   |
|  |  |  |  |  |  | 3. Date Incorporated or Qualifed                        | <u>.</u>                                  |   |   |                   |
|  |  |  |  |  |  | 07/09/1993  | <u> </u>                                  |   | P. J. F.                                      |                   |
| Principal Pla  | ice of Business  | 2a. Mailing Address  |  |  |  | 4. FEI Number   |   | <u> </u>  | Applicable                                    | ê.                |
| ]  |  | 26   |  |  |  | 65-0429792  |   |   | Applicable                                    | 7                 |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |  |  | 5. Certificate of Status Desired                        |   | \$8.75 Additional Fee Required                    |   |                   |
|  |  | 27   |  |  |  | a Starting Composing Financing                          |   | \$5.00  | May Be  |                   |
| City & State   |  | City & State   |  |  |  | Election Campaign Financing     Trust Fund Contribution | ' <sub>□</sub>                            | Added to  |   |                   |
| s  |  | Zip  | Col  | untry  |  | 8. This corporation owes the cu                         | ment year I                               | ntangible   |   |                   |
| Zip  | Country  | <b>⊢</b> ¬ '   | 30   | ,  |  | Personal Property Tax.                                  |   | ∐ Yes   | Mo  |                   |
| <u> </u>   | 25<br>9. Name and Address of Curren  | 29   |  |  |  | 10. Name and Address of New                             | Registere                                 | d Agent   |   |                   |
|  | 9. Name and Address of Conten  | t regional and   |  | 81   | Name   |   |   |   |   |                   |
| MOL.   | rzan, gerald w   |  |  | 82   | Street Add   | ress (P.O. Box Number is Not Acce                       | ptable)                                   |   |   |                   |
|  | TAMARAND ST  |  |  | 102  | Olicel Add   |   | 40 0 C                                    | - 4. s. (. 1854 <u>1874 -</u><br>- 178 seine 1876 | 114 3 35 10 51<br>110 1 1 2 5 1 1 1 1 1       |                   |
| POR  | CHARLOTTE FL 33948   |  |  | 83   |  |   | 翻翻發                                       |   | 100   |                   |
|  |  |  |  | 84   | City   | 7 3 70 1 2 Pres (22) 2744                               | ## ## ## ## ## ###<br>### ### ########### | 85 Zip C  | Code  | ĺ                 |
|  | to the provisions of Sections 607.050  |  |  | 1 1  | -  |   | F   | <u>L</u>  |   | l                 |
| office or r  | edistered agent, or both, in the etters  | OFAE   | Elocida Sta  | stutoe   |  |   |   |   |   | 1                 |
| office or re<br>agent. I a   | to the provisions of Sections 607.050<br>agistered agent, or both, in the State<br>in familiar with, and accept the obligation<br>Signature, typed or printed name of registered age   | Mons by Cooker Contract  | ,  | atutes.  |  | red when reinstating                                    | DATE                                      |   |   | 100               |
| office or reagent. I all SIGNATURE   | Signature, typed or printed name of registered age   | nt and title if applicable. (I   | NOTE: Registere  | ed Agent   |  | red when reinstating) ADDITIONS/CHANGES TO 0            | DATE                                      |   |   | 11,001            |
| office or reagent. I a   | Signature, typed or printed name of registered age  OFFICERS At  | nt and title if applicable.  | NOTE: Registere 13 E 1.1   | ed Agent :   |  | red when reinstating                                    | DATE                                      | AND DIRECTO                                       | RS IN 12                                      | 144 (00)          |
| office or reagent. I all SIGNATURE   | Signature, typed or printed name of registered age OFFICERS At V MOLTZAN, RITA   | nt and title if applicable. (I   | NOTE: Registere 13 E 1.1 1.2   | ed Agent : 3. TITLE NAME   | signature requir   | red when reinstating) ADDITIONS/CHANGES TO 0            | DATE                                      | AND DIRECTO                                       | RS IN 12                                      | -024 (44 (00)     |
| office or reagent. I as  | Signature, typed or printed name of registered age OFFICERS At V MOLTZAN, RITA 1418 SCHENLEY ST.   | nt and title if applicable. (I   | NOTE: Registers  13 E 1.1 1.2 1.3  | ed Agent : 3. TITLE NAME STREET  | signature requir   | red when reinstating) ADDITIONS/CHANGES TO 0            | DATE                                      | AND DIRECTO                                       | RS IN 12                                      | (44,00)           |
| office or ragent. I all SIGNATURE  12.  TITLE  NAME  | Signature, typed or printed name of registered age OFFICERS At V MOLTZAN, RITA   | nt and title if applicable. (  ND DIRECTORS  DELETI  | NOTE: Registers 13 E 1.1' 1.2 1.3 1.4  | ed Agent : 3. TITLE NAME STREET /  | signature requir   | red when reinstating) ADDITIONS/CHANGES TO C            | DATE                                      | AND DIRECTO                                       | RS IN 12                                      | 00001777000       |
| Agent. I all SIGNATURE  12.  TITLE  NAME  STREET ADDRESS   | Signature, typed or printed name of registered age OFFICERS AI  V MOLTZAN, RITA 1418 SCHENLEY ST. PORT CHARLOTTE FL 33952  | nt and title if applicable. (I   | NOTE: Registers  13 E 1.1 1.2 1.3 1.4 E 2.1  | ed Agent : 3. TITLE NAME STREET / CITY-ST- TITLE   | signature requir   | red when reinstating) ADDITIONS/CHANGES TO C            | DATE                                      | AND DIRECTO                                       | ORS IN 12                                     | CD2F024 (44 (00)  |
| office or reagent. I as SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | Signature, typed or printed name of registered age OFFICERS AN  WMOLTZAN, RITA 1418 SCHENLEY ST. PORT CHARLOTTE FL 33952  WMOLTZAN, DONALD   | nt and title if applicable. (  ND DIRECTORS  DELETI  | NOTE: Registers  13 E 1.1' 1.2 1.3 1.4 E 2.1   | ed Agent :  B.  TITLE  NAME  STREET /  CITY-ST-  TITLE  NAME   | signature requir   | red when reinstating) ADDITIONS/CHANGES TO C            | DATE                                      | AND DIRECTO                                       | ORS IN 12                                     | (44,00)           |
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SIGNATURE:

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, with all other like empowered.

**FILED** 

Feb 13, 1999 8:00am

**Secretary of State** 

02-13-1999 90011 022 \*\*\*150.00