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Feb 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # H78563

(4)

1. Corporation Name
MOBILE DIAGNOSTICS, INC.

Principal Place of Business

1110 GULF BREEZE PKWY
SUITE 102A
GULF BREEZE FL 32561
US

Mailing Address

1717 N "E" STREET #320
P.O. BOX 17500
PENSACOLA FL 32501



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1985

4. FEI Number

59-2864191

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Cntry

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FULFORD, RICHARD C
1110 GULF BREEZE PKWY
SUITE 102A
GULF BREEZE FL 32561

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
FULFORD, RICHARD C
1110 GULF BREEZE PARKWAY
GULF BREEZE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRANNEN, CHARLES
1717 NORTH "E" STREET
PENSACOLA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAUSHALTER, RICHARD
1717 NORTH "E" STREET
PENSACOLA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCGEE, ELEANOR
1540 GLENNA LANE
CANTONMENT FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

Change Addition

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:

Richard C. Fulford

Richard C. Fulford

176190 904-434-4849

CR2E034 (10/97)