

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90046 034 ***150.00

DOCUMENT # P39229

1. Corporation Name

NATIONAL SEATING & MOBILITY, INC.

Principal Place of Business

7186 SW 47TH STREET
MIAMI FL 33155
US

Mailing Address

401 CHESTNUT STREET
SUITE 500
CHATTANOOGA TN 37402-4929

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1992

4. FEI Number

62-1400785

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 the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 4612 SW 74th Avenue

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Miami, FL

28 City & State

24 Zip 33155

25 Country USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPAMERICA, INC.
1525 S. ANDREWS AVE.
SUITE 216
FT. LAUDERDALE FL 33316

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME S
ROGERS, WILLIAM T.
STREET ADDRESS 401 CHESTNUT ST, STE 500
CITY-ST-ZIP CHATTANOOGA TN

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME William T. Rogers, Jr.

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME P
BALLARD, MIKE
STREET ADDRESS 401 CHESTNUT ST, STE 500
CITY-ST-ZIP CHATTANOOGA TN

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME T
TANKERSLEY, RAYBURN H
STREET ADDRESS 401 CHESTNUT STREET
CITY-ST-ZIP CHATTANOOGA TN

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

Richard V. Spurling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99
Date

(423)-756-2268
Daytime Phone #

CR2E034 (1/98)

0523/90