


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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 468487 (4)

1. Corporation Name
MOBILE ADJUSTMENT COMPANY



Principal Place of Business 7785 66TH ST N P.O. BOX 8080 PINELLAS PARK FL 33681-8080 US	Mailing Address 7785 66TH ST N P.O. BOX 8080 PINELLAS PARK FL 33780-8080 US
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2. Principal Place of Business 21 7785 66th St. N. Suite, Apt. #, etc. 22 City & State 23 Pinellas Park, FL Zip 24 33781-3113	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA
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3. Date Incorporated or Qualified 01/24/1975	3a. Date of Last Report 03/01/1996
4. FEI Number 59-1587517	Applied For Not Applicable
6. 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JERGER, DEAN W 7949 9TH AVE SOUTH ST PETERSBURG FL 33737
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10. Name and Address of New Registered Agent 81 Name Raymond M. Blackledge, General Counsel 82 Street Address (P.O. Box Number is Not Acceptable) 7785 66th Street North 83 84 City Pinellas Park,	85 Zip Code 33781-3113
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11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 *Raymond M. Blackledge* DATE _____
 Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE DP NAME JERGER, DEAN W STREET ADDRESS 7949 9TH AVE SOUTH CITY-ST-ZIP ST PETERSBURG, FL 00000	<input type="checkbox"/> DELETE
TITLE DS NAME JERGER, RICHARD M., JR. STREET ADDRESS 425 79TH STREET SOUTH CITY-ST-ZIP ST. PETERSBURG FL	<input type="checkbox"/> DELETE
TITLE DT NAME JERGER, THOMAS J STREET ADDRESS 10305 61ST CT NORTH CITY-ST-ZIP PINELLAS PK FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2DV Jerger, Richard M., Jr. 7965 9th Avenue South St. Petersburg, FL 33707-3732
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2DV
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DSM Blackledge, Raymond M. 28810 Falling Leaves Way Wesley Chapel, FL 33543-5761
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: *Raymond M. Blackledge* DATE **4-25-97** 813-546-8911
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)