

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 # 468487

1. Corporation Name

MOBILE ADJUSTMENT COMPANY

Principal Place of Business

7785 66TH ST N
PINELLAS PARK FL 34664-8080
US

Mailing Address

7785 66TH ST N
P.O. BOX 8080
PINELLAS PARK FL 33780-8080
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1975

4. FEI Number

59-1587517

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

BLACKLIDGE, RAYMOND M.
7785 66TH ST N
PINELLAS PARK FL 33781-3113

10. Name and Address of New Registered Agent

81 Name BLACKLIDGE, RAYMOND M.

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code 33781-3113

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

RAYMOND BLACKLIDGE

APRIL 14, 1999

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME JERGER, DEAN W
STREET ADDRESS 7949 9TH AVE SOUTH
CITY-ST-ZIP ST PETERSBURG, FL 00000 33707

☐ DELETE

TITLE DV
NAME JERGER, RICHARD M JR
STREET ADDRESS 7963 9TH AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33707

☐ DELETE

TITLE DV
NAME JERGER, THOMAS J
STREET ADDRESS 10305 61ST CT NORTH
CITY-ST-ZIP PINELLAS PK FL 34666

☐ DELETE

TITLE DST
NAME BLACKLIDGE, RAYMOND M
STREET ADDRESS 28810 FALLING LEAVES WAY
CITY-ST-ZIP WESLEY CHAPEL FL 33543-5761

☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND BLACKLIDGE APRIL 14, 1999 (727)546-8911

Date

Daytime Phone #

CR2E034 (1/98)

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90196 028 ***150.00

