

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

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

04-20-1999 90196 028 ***150.00

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

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

10. Name and Address of New Registered Agent

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

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* **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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

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

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: *Raymond Blacklidge* **RAYMOND BLACKLIDGE** **APRIL 14, 1999** (727)546-8911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)