FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 JUL 24 AM 10:08

DOCUMENT # 637596 (8)

1. Corporation Name

MOBILITE CORPORATION

Principal Place of Business	Mailing Address
2101 E. Lake Mary Blvd Sanford, FL 32773	2101 E. Lake Mary Blvd Sanford, Fl 32773

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1979
3a. Date of Last Report: 3/22/94

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc (22) | Suite, Apt. #, etc (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-1934495 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. Pine Island road
Plantation, FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	Mixon, A.M.,111	12 NAME	
STREET ADDRESS	899 Cleveland St.	13 STREET ADDRESS	
CITY ST ZIP	Ohio, Elyria	14 CITY ST ZIP	
TITLE	tsvp	21 TITLE	COO XX ☐ Change ☐ Addition
NAME	Blouch, Gerry	22 NAME	Blouch, Gerald
STREET ADDRESS	899 Cleveland St.	23 STREET ADDRESS	899 Cleveland St.
CITY ST ZIP	Elyria, Ohio	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	300001[illegible]
NAME		42 NAME	-07/27/95--01064--001
STREET ADDRESS		43 STREET ADDRESS	****225.00 ****225.00
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	KC

14. I declare, under penalty of perjury, that the information supplied with this filing is, to the best of my knowledge, true and correct. I am qualified 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 added to the report.

SIGNATURE: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date (Mm/Dd/Yy)

PROFIT CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # 637596 (8)

1. Corporation Name

MOBILITE CORPORATION

Principal Place of Business

1301 SILVER LAKE DR
SANFORD FL 32773

Mailing Address

1301 SILVER LAKE DR
SANFORD FL 32773

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1979
Date of Last Report: 03/22/1994
4. FEI Number: 59-1934495 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. [ ] $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business — 21, 22 Suite, Apt. #, etc., 23 City & State, 24 Zip, 25 Country
2a. Mailing Address — 26, 27 Suite, Apt. #, etc., 28 City & State, 29 Zip, 30 Country

9. *Name and Address of Current Registered Agent*

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. *Name and Address of New Registered Agent*

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 617.0502, 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, typed or printed name of registered agent — Registered Agent signature required when reinstating — Date

12. OFFICERS AND DIRECTORS

Title	Name / Address
P	MIXON, A.M., III 899 CLEVELAND ST. ELYRIA OH
TSVP	BLOUCH, GERRY 899 CLEVELAND ST. ELYRIA OH

13. ADDITIONS/CHANGES

		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	COO Gerald B. Blouch 899 Cleveland Street Elyria, OH	[XX]	[ ]
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		[ ]	[ ]

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 report or supplemental 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 — Date — Daytime Phone #

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