

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998

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

FILED

98 JUN 30 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 858043 (3)

1. Corporation Name

MOBILE SUPPLY CO., INC.

Principal Place of Business Mailing Address  
2750 Brookley Ave. 2750 Brookley Ave  
Mobile AL 36606-9298 Mobile AL 36606-9298

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/7/1983

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
63-0837538

Applied For

Not Applicable

6. 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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 PD ☐ DELETE  
NAME STALLINGS, RAYMOND J  
STREET ADDRESS 2750 BROOKLEY AVE  
CITY - ST - ZIP MOBILE AL

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

☐ Change

☐ Addition

TITLE STV ☐ DELETE  
NAME STALLINGS, JULIA T  
STREET ADDRESS 2750 BROOKLEY AVE  
CITY - ST - ZIP MOBILE AL

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

☐ Change

☐ Addition

80000258420  
-07/09/98--01041--009  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE D ☐ DELETE  
NAME STALLINGS, JOEL  
STREET ADDRESS 2750 BROOKLEY AVE  
CITY - ST - ZIP MOBILE AL

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

☐ Change

☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



June 16, 1998

Florida Department of State  
Annual Reports Filings  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Mobile Supply Company, Inc.

Dear Sirs:

Due to confusion occurring in our office we were unable to file the 1998 Florida Annual Report in a timely manner. In the prior year, our client filed this form and we assumed they would file it again in the current year. However, Mobile Supply's understanding was that we were to file this form. We request that you accept the enclosed check as payment for the entire annual fee and that the penalty be abated.

Thank you in advance for your consideration of this matter.

Very truly yours,

W. Allen Carroll III, CPA  
For the Firm

wac/cp

wpdata\6265\abate

Enclosure

WILKINS MILLER, P.C.

2800 DAUPHIN STREET ~ SUITE 101 ~ P.O. BOX 6237 ~ MOBILE, ALABAMA 36660

TELEPHONE: 334-476-5500 ~ FACSIMILE: 334-473-4535

INTERNET: WMCPA@WILKINSMILLER.COM