

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

FILED
Feb 10, 1999 8:00am
Secretary of State

02-10-1999 90067 023 ***158.75

DOCUMENT # F96000005329

1. Corporation Name
MOBILE CONSULTANTS, INC.

Principal Place of Business
135 E. LIBERTY STREET
WOOSTER OH 44691
US

Mailing Address
135 E. LIBERTY STREET
WOOSTER OH 44691
US



DO NOT WRITE IN THIS SPACE

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 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES, INC.
3953 WW KELLY RD.
TALLAHASSEE FL 32311

3. Date Incorporated or Qualified

10/14/1996

4. FEI Number

34-1831194

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

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 PD
NAME JAMES, RONALD A JR
STREET ADDRESS 22752 HARRISBURG-WESTVILLE RD.
CITY-ST-ZIP ALLIANCE OH 44601

TITLE D
NAME JAMES, RONALD A SR
STREET ADDRESS 22752 HARRISBURG-WESTVILLE RD.
CITY-ST-ZIP ALLIANCE OH 44601

TITLE VD
NAME MEEK, JEFFREY E
STREET ADDRESS 22752 HARRISBURG-WESTVILLE RD.
CITY-ST-ZIP ALLIANCE OH 44601

TITLE D
NAME RUNG, DARRELL
STREET ADDRESS 22752 HARRISBURG-WESTVILLE RD.
CITY-ST-ZIP ALLIANCE OH 44601

TITLE SD
NAME LITTLE, JAMES J
STREET ADDRESS 135 E. LIBERTY ST.
CITY-ST-ZIP WOOSTER OH 44691

TITLE TD
NAME DOUCE, L D
STREET ADDRESS 135 E. LIBERTY ST.
CITY-ST-ZIP WOOSTER OH 44691

13.

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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, with all other like empowered.

SIGNATURE:

James J. Little
JAMES J. LITTLE
DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)