

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G41828**
1. Corporation Name
MOBLEY MANAGEMENT COMPANY

(6)



Principal Place of Business
**3025A DELLWOOD TERRACE
PO BOX 1407
LABELLE FL 33935**

Mailing Address
**3025A DELLWOOD TERRACE
PO BOX 1407
LABELLE FL 33935**

3. Date Incorporated or Quoted **06/02/1983** 3a. Date of Last Report **02/09/1995**

4. FLP Number **65-0050346** 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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

9. Name and Address of Current Registered Agent

**MOBLEY, LARRY
4499 FT CENTER AVE
LABELLE FL 33935**

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 of Registered Agent (required for all corporations)

Signature of Registered Agent (required for all corporations)

DATE

12. OFFICERS AND DIRECTORS

NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	DELETE
DP MOBLEY, LARRY W 4499 FT CENTER AVE LABELLE, FL 00000				☐
DST MOBLEY, JOAN L 4499 FT CENTER AVE LABELLE, FL 00000				☐
DV MOBLEY, KEITH A 4499 FT CENTER AVE LABELLE FL				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	DELETE	Change	Addition
1.1				☐	☐	☐
1.2				☐	☐	☐
1.3				☐	☐	☐
1.4				☐	☐	☐
2.1				☐	☐	☐
2.2				☐	☐	☐
2.3				☐	☐	☐
2.4				☐	☐	☐
3.1				☐	☐	☐
3.2				☐	☐	☐
3.3				☐	☐	☐
3.4				☐	☐	☐
4.1				☐	☐	☐
4.2				☐	☐	☐
4.3				☐	☐	☐
4.4				☐	☐	☐
5.1				☐	☐	☐
5.2				☐	☐	☐
5.3				☐	☐	☐
5.4				☐	☐	☐
6.1				☐	☐	☐
6.2				☐	☐	☐
6.3				☐	☐	☐
6.4				☐	☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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: Larry W Mobley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96

941/675-4577
Captain Phone #

CR2E034 (12/95)