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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

Principal Place of Business

PO BOX 1407 LABELLE FL 33935

21

3025A DELLWOOD TERRACE

2. Principal Place of Business

Suite, Apt. #, etc.

(6)

MOBLEY MANAGEMENT COMPANY

Mailing Address

3025A DELLWOOD TERRACE PO BOX 1407

LABELLE FL 33935

2a. Mailing Address

Suite, Apt. #, etc.

26

**FILED** Jan 22 1998 8:00am Secretary of State



Applied For

\$8.75 Additional

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1983

65-0050346

4. FE! Number

Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible	22			27	27					Certificati	e or Status	s Desired	لسسا	Fee	Required
28	City & State	<del></del>		City &	State				6.	Election (	Campalgn	Financing		\$5.0	0 May Be
24	23		28	28				<u> </u>	Trust Fun	d Contrib	ution				
S. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent	Zip		Country	Zip	Zip C			Country			oration ov	ves or has	paid the cu	rrent year	Intangible
MOBLEY, LARRY   A499 FT CENTER AVE LABELLE FL 33935   B4   City   FL   85   Zip Code	24		o									□ No .			
MUSILY, LARRY  4499 FT CENTER AVE LABELLE FL 33935  B2 Street Address (P.O. Box Number is Not Acceptable)  B3 Street Address (P.O. Box Number is Not Acceptable)  B4 City FL 85 Zip Code  T1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its 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 in attainal with, and accept the obligations of, Section 607.0505, Florida Statules, from a state of the purpose of changing its registered agent. I am itemilar with, and accept the obligations of, Section 607.0505, Florida Statules, from a state of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am itemilar with, and accept the obligations of, Section 607.0505, Florida Statules, from a state of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am itemilar with a registered agent. I am itemilar with a statement for the purpose of changing its registered directors. I hereby accept the appointment as registered agent. I am itemilar with a statement for the purpose of changing its registered agent. I am itemilar with a statement for the purpose of changing its registered agent. I am itemilar with a statement for the purpose of changing its registered agent. I am itemilar with a statement for the purpose of changing its registered agent. I am itemilar with a statement for the purpose of changing its registered agent. I am itemilar with a statement for the purpose of changing its registered agent. I am itemilar with a statement for the purpose of changing its registered agent. I am itemilar with a statement for the purpose of changing its registered with a statement for the purpose of changing its registered agent. I am itemilar with a st									10.	Name an	d Addres	s of New I	Registered	Agent	
### A499 FT CENTER AVE LABELLE FL 33935  ### City	MOBLEY, LARRY							ame							
LABELLE FL 33935    Ba							St	reet Addre	ss (P.	O. Box N	umber is I	Not Accept	table)		
B4   City   FL   85   Zip Code							<u> </u>						· · · · ·		
TILL DEST LABELLE, FL 00000															
TILL DEST LABELLE, FL 00000								tv						85 Zi	n Code
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 an aimiliar with, and accept the obligations of, Section 607,0505, Florida Statutes.    Signature, bysed or printed name of registered agent and site if applicable.   NOTE Pegistered Agent signature required when reinrutating)   DATE							-							-	
Signature   Sign	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 of corporation in the State of Florida, Such change was authorized by the corporation's heard of directors. Liberary accept the appointment as registered														
NOTE   Signature, typed or printed agree and part and tile if application. (NOTE Registered Agent signature required when reinstating)   DATE	agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.														
12.	SIGNATURE														
TITLE		Signature, typed or pr		ent sig	nature required			2/2/14/10	FO TO OF		D DIDECT	200 IN 40			
NAME   MOBLEY, LARRY W   12 NAME   13 STREET ADDRESS   14 GITY-ST-ZIP   LABELLE, FL 00000   15 GITTLE   Change   Addition   Addit	· · · · · · · · · · · · · · · · · · ·		OFFICERS AN	D DIRECTORS					A	DOMICO	S/CHAING	ES 10 OF	FICERS AN		
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 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				rate with a grant and				11.44.41.14.5		* * * * * * * * * * * * * * * * * * * *	11/11 F1=-!-	I= C+=+ -1 = -	I formalism to the		a 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:

1/12/98

941-475-4599