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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # H16001

(0)

MOBLEY LAND COMPANY

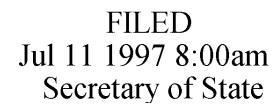
Principal Place of Business

Mailing Address

4104 W LINEBAUGH AVE TAMPA FL 33624

STATE OF THE PARTY OF THE PARTY

4104 W LINEBAUGH AVE TAMPA FL 33824-5239





IDMIN TE BOO		TAMEN 12 00024-0209							
					3. Date Incorporated or Qualified				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			Applied For	
21		26						Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
22 City & Stat	Α	City & State						Required	
23	_ ·					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip Cou			,	8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30	,				ax under Mo	s. 199.032,
	9. Name and Address of Curren		1001		 	10. Name and Address of New Reg			
MOE	BLEY, TIMOTHY F.			81	Name				
	W LINEBAUGH AVE	82 Street Ad			Stroot Add	ress (P.O. Box Number is Not Acceptable	-		
	PA FL 33624			02	Street Addr	ess (P.O. Box Number is Not Acceptable	e)		
			Ì	83					
			}	84	City			1001 7	- 0- 4-
_					,		FL		p Code
	to the provisions of Sections 607.050, egistered agent, or both, in the State im familiar with, and accept the obligations are sections.	2 and 607.1508, Florida Statul of Florida. Such change was ations of, Section 607.0505, Fl	tes, the ab authorized orida Stati	oove by utes	e-named corp y the corporat s.	poration submits this statement for the purion's board of directors. I hereby accept	irpose of a t the appo	changing intment a	its registered as registered
SIGNATURE	Signature, typed or printed name of registered age		TE: Registered	Age	ent signature requir	ed when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE		***	
TITLE	ST	DELETE	1.1 TJJ				l	Change	Addition
NAME	HOHL, TIMOTHY M. 4102 W.LINEBAUGH AVE.		1.2 NA		j				
STREET ADDRESS	MADA EI			1.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	PD DELETE		_	1.4 CHY-ST-ZIP 2.1 TITLE				Change	Addition
NAME	MÖBLEY, TIMOTHY F.		2.1 III 2.2 NA				L	Change	Addition
STREET ADDRESS	4102 W.LINEBAUGH AVE.			2.3 STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL					·			
TITLE	DELETE			2 4 CITY-ST-ZIP 31 TITLE				Change	Addition
NAME			3.2 NA				•		
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	•		3.4. CI	TY-S	ST - ZiP				
TITLE		DELETE	4.1 T)T	ιŧ			l l	Change	Addition
NAME			4. 2 N	ME					
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP			4.4 CIT	Y - S	1 - ZIP				
TITLE		DELETE 5.1				nonnossasas Addition			
NAME				5.2 NAME		000002236800 ^{ange Addition} -07/14/9701005030			
STREET ADDRESS				5.3 STREET ADDRESS		***1650.00		-	
CITY-ST-ZIP				5.4 CITY - ST - ZIP					
TITLE		☐ DELETE	6.1 TIT				L	☐ Change	Addition
NAME			6.2 NA				0	٥ _	ا الله
STREET ADDRESS					ADDRESS		(V ĺ	$M_{\rm H}$
OTV_CT_TID			■ £4 CIT	V 01	מוכ ז		•		

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 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.

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