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

CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1997		Secretary of S DIVISION OF CORPC				Secretary of State				
1. Corporation	MENT # LC Name JEFF'S MOBILE, I)8019 Inc.	(6)								
Principal Place	e of Business	Mailır	ng Address				1 186 (1901 9)(9019) (01)) 46 (61 119)\$ FULL	ilingi ngari menga di	AN DIBNI BI	BII 1881	
10461 RT 19 N			10461 RT 19 N								
PORT RICHEY I	FL 34668	PORT	PORT RICHEY FL 34668-3133								
					_		 Date incorporated or Qualified 08/08/1989 	3a, Date o 02/22/1		port	
2. Principal P	lace of Business		ailing Address				4. FEI Number			olied For	
Suite, Apt	# ptc	26 Si	uite, Apt. #, etc.				59-2977333		8.75 A	Applicable	
22	n, 0.0	27	310, ript. 11, 010.				Certificate of Status Desired	□ →	Fee Rec		
City & State	е	· · · · · · · · · · · · · · · · · · ·	ity & State				Election Campaign Financing Trust Fund Contribution		5.00 i Added to		
Zip	Count	· • • • • • • • • • • • • • • • • • • •	p	Count	ry		6. This corporation has liability for it			199.032,	
24	25	29 ess of Current Register	ed Agent	30			Florida Statutes L Name and Address of New Re	Yes N			
CLO	UTIER, ROBERT W	eas of content hogister	oo Agoiit	8	1 Name		g, Hallio dila Paolese el Hott 170	gratared rigor			
	BIRT 19 N			6	Street.	Autologica	/D.O. Day M. John to Not Assessed				
PORT RICHEY FL 34668					2 Sireei	Address	(P.O. Box Number is Not Acceptab	ne)			
				8	3						
				8	4 City			p 85	Zip C	ode	
					_	<u>,</u>				·	
11. Pursuant office or r	to the provisions of Sec registered agent, or bot	ctions 607.0502 and 607. h, in the State of Florida	1508, Florida Stat Such change was	iutes, the abo s authorized l	ve-named by the corp	corpora poration's	tion submits this statement for the p s board of directors. I hereby accep	ourpose of cha of the appointr	nging its nent as r	registered egistered	
agent i a	mifamiliar with land ac	cept the obligations of, S CLO	ection 607.0505,	Florida Statut	es.			3/	100		
SIGNATURE		ne of registered agent and title if a		OTE: Registered A	gent signature	e required wi	nen reinstating)	DATE	f 7 L		
12.	(OFFICERS AND DIRECTO		13.			ADDITIONS/CHANGES TO OFFIC				
TITLE	P CONTRA BARE	NT 147	DELETE	1.1 TITLE		ļ		LJ	Change	L. Addition	
NAME	CLOUTIER, ROBER 272 KILLINGER AV			1.2 NAM	:-						
STREET ADDRESS	SPRING HILL FL	Æ			FT ADDRESS						
CHY-ST-ZIP TITLE	ST		DELETE	1.4 City 2.1 Title		 	· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAMÉ	CLOUTIER, DIANE	ı		2.2 NAM					•		
STREET ADDRESS	272 KILLINGER AV	Æ		2.3 STAE	ET ADDRESS		•				
Cotri-St-ZIP	SPRING HILL FL			2. 4 CITY	-51-ZIP						
TITLE	V		☐ DELETE	3.1 TETLE				# 4° []	Change	Addition	
NAME	CLOUTIER, JEFFR			3.2 NAM							
STREET ADDRESS	272 KILLINGER AV Spring Hill Fl	/Ε		1	ET ADORESS	1					
CITY - ST - 7/P TITLE	SPAING HILL PL		DELETE	3.4 CITY 4.1 TITLE	'-ST-ZIP	· 		1	Change	Addition	
NAME				4. 2 NAN		-					
STREET ADDRESS					ET ADORESS						
CITY - ST - 716				44 CITY	-ST-ZIP						
Title			DELETE	5 1 TITLE					Change	Addition	
NAME				52 NAM	E						
STREET ADDRESS					ET ADDRESS		,				
CITY-ST-7P			DELETE	5.4 CITY		-	· · · · · · · · · · · · · · · · · · ·	<u> </u>	Change	Addition	
TITLE				6.1 TITLI 6.2 NAM				u	Muduffe	LJ AUGRON	
NAME STREET ADDRESS					et adoress						
CITY-ST-ZIP				6.4 CITY							
	l		400	-17 . 4		-1-1-1-1	Castina 110 07/2Vil Clarida Clatida	- 14	41E . Lb 4 F		

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.

SIGNATURE:

352-683-6588

FILED

Mar 07 1997 8:00am