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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000049817 (8)

1. Corporation Name

J & D MOBIL MAINTENANCE, INC.



Principal Place of Business
2307 TAMARIND ST.
PORT CHARLOTTE FL 33948

Mailing Address
2307 TAMARIND ST.
PORT CHARLOTTE FL 33948-4933

3. Date Incorporated or Qualified 07/09/1993	3a. Date of Last Report 02/01/1996
4. FEI Number 65-0429792	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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

MOLTZAN, GERALD W
2307 TAMARIND ST
PORT CHARLOTTE FL 33948

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MOLTZAN, RITA	1.2 NAME	
STREET ADDRESS	1418 SCHENLEY ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	1.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MOLTZAN, DONALD	2.2 NAME	
STREET ADDRESS	2307 TAMARIND ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MOLTZAN, CASSANDRA	3.2 NAME	
STREET ADDRESS	2307 TAMARIND ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	3.4 CITY-ST-ZIP	
TITLE	T ☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MOLTZAN, SCOTT	4.2 NAME	
STREET ADDRESS	2307 TAMARIND ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	4.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MOLTZAN, GERALD	5.2 NAME	
STREET ADDRESS	1418 SCHENLEY ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 and data 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Jan 16, 1997 Daytime Phone # 743-5627

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