

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000008433 (2)

1. Corporation Name

MOBI, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 PM 12:56

Principal Place of Business

322 NORTH PINE STREET
INVERNESS FL 34450

Mailing Address

P.O. BOX 250
INVERNESS FL 34451-0250

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/02/1994

3a. Date of Last Report

2. Principal Place of Business

21

State, Apt. #, etc.

2a. Mailing Address

26

State, Apt. #, etc.

4. FEI Number

59-3229586

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$0.75 Additional
Fee Required

23 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIXON, KEVIN K
320 HIGHWAY 41 SOUTH
INVERNESS FL 34450

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, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when modifying)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

DIXON, KEVIN K

STREET ADDRESS

320 HIGHWAY 41 SOUTH

CITY - ST - ZIP

INVERNESS FL 34450

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

V/T/O

Dixon, Kevin K

320 Highway 41 South

Inverness, FL 34450

☒ Change ☐ Addition

TITLE

D

NAME

COBLE, ROBERT

STREET ADDRESS

P.O. BOX 250 (N/A)

CITY - ST - ZIP

INVERNESS FL 34451

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

P/O

Coble, Robert

P.O. Box 250 (N/A)

Inverness, FL 34451

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(b), 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 mine is 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:

Kevin K Dixon
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin K Dixon v.p.

1/11/95

904.726.6767