

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
1995 MAY -1 12 0:49
TALLAHASSEE, FLORIDA

DOCUMENT # P94000012592 (9)

1. Corporation Name

MOBILITE BUILDING CORPORATION

Principal Place of Business

1301 SILVER LAKE DR.
SANFORD FL 32771

Mailing Address

1301 SILVER LAKE DR.
SANFORD FL 32771

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/15/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

ALLARD, CHRISTOPHER
1301 SILVER LAKE DR.
SANFORD FL 32771

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

P
BLOUCH, GERALD B.
899 CLEVELAND ST.
ELYRIA, OH 44035

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY - ST - ZIP

V
ALLARD, CHRISTOPHER
1301 SILVER LAKE DR.
SANFORD, FL 32771

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY - ST - ZIP

S/T
MIKLICH, THOMAS R.
899 CLEVELAND ST.
ELYRIA, OH 44035

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY - ST - ZIP

100001492761
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY - ST - ZIP

***200.00 ***200.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY - ST - ZIP

200
3-1-95

☐ 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)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Thomas R. Miklich

4/26/95

216-329-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone (Area #)