

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

FILED

Apr 24 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P94000012592 (9)

1. Corporation Name

MOBILITE BUILDING CORPORATION

Principal Place of Business

2101 E LAKE MARY BLVD
SANFORD FL 32773
US

Mailing Address

899 CLEVELAND ST
ELYRIA OH 44035
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1994

4. FEI Number

58-2144336

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 owes or has paid the current year Intangible
Personal Property Tax due June 30

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 ONE INVACARE WAY

22 City & State 27 ELYRIA OH

23 Zip Country 28 44035 US

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLARD, CHRISTOPHER
2101 E LAKE MARY BLVD
SANFORD FL 32773

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE P
NAME BLOUCH, GERALD B
STREET ADDRESS 899 CLEVELAND ST.
CITY-ST-ZIP ELYRIA OH 44035

TITLE V
NAME ALLARD, CHRISTOPHER
STREET ADDRESS 2101 E LAKE MARY BLVD
CITY-ST-ZIP SANFORD FL

TITLE ST
NAME MIKLICH, THOMAS R
STREET ADDRESS 899 CLEVELAND ST.
CITY-ST-ZIP ELYRIA OH 44035

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS ONE INVACARE WAY
1.4 CITY-ST-ZIP ELYRIA OH 44035

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS ONE INVACARE WAY
2.4 CITY-ST-ZIP ELYRIA OH 44035

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS ONE INVACARE WAY
3.4 CITY-ST-ZIP ELYRIA OH 44035

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 address.

SIGNATURE:

THOMAS R. MIKLICH

4/13/98

(440) 329-6000

CR2E034 (10/97)