

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

**FILED**  
**May 15 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 # P94000062092 (9)**  
 1. Corporation Name  
**MISSION CRITICAL RECOVERY, INCORPORATED**



Principal Place of Business  
**6800-1 YOUNGERMAN CIR  
 JACKSONVILLE FL 32244  
 US**

Mailing Address  
**6800-1 YOUNGERMAN CIRCLE  
 JACKSONVILLE FL 32244-6844  
 US**

3. Date Incorporated or Qualified **08/23/1994** 3a. Date of Last Report **03/28/1996**

4. FEI Number **59-3261386** 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  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

9. Name and Address of Current Registered Agent  
**SANDERS, KEVIN S ESQ.  
 817 WILLOW BRANCH AVE  
 JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent  
 81 Name **MOTOLAW, Inc.**  
 82 Street Address (P.O. Box Number is Not Acceptable) **1301 Riverplace Blvd.**  
 83 **Suite 1301**  
 84 City **Jacksonville** FL 85 Zip Code **32207**

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 *Pete Hanson, Jr President* DATE **5/8/97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>MCMULLEN, DAVID B</b>	
STREET ADDRESS	<b>7817 COLLINS RIDGE BLVD E</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>KLOKER, MARK</b>	
STREET ADDRESS	<b>191 ST GEORGE COURT</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	<b>MCCRANEY, NATHAN</b>	
STREET ADDRESS	<b>3737-1502 ST JOHNS BLUFF RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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 *[Signature]*

CR2E034 (9/96)