

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000062092

1. Corporation Name

MISSION CRITICAL RECOVERY, INCORPORATED

Principal Place of Business

6600-1 YOUNGERMAN CIR
JACKSONVILLE FL 32244
US

Mailing Address

6600-1 YOUNGERMAN CIRCLE
JACKSONVILLE FL 32244
US

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90079 013 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1994

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

MOTOLAW, INC
1301 RIVERPLACE BLVD
SUITE 1301
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

Motolaw, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

50 North Laura St.

83

Suite 2750

84 City

Jacksonville

FL

85 Zip Code

32202

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

TITLE PD
NAME MCMULLEN, DAVID B
STREET ADDRESS 7817 COLLINS RIDGE BLVD E
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE VD
NAME KLOKER, MARK
STREET ADDRESS 191 ST GEORGE COURT
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE ST
NAME MCCRANEY, NATHAN
STREET ADDRESS 3737-1502 ST JOHNS BLUFF RD
CITY-ST-ZIP JACKSONVILLE FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/T/D ☒ Change ☐ Addition

1.2 NAME McMullen, David B.

1.3 STREET ADDRESS 1703 Secluded Woods Way

1.4 CITY-ST-ZIP ~~JACKSONVILLE~~ Orange Park, FL 32073

2.1 TITLE V/S/D ☒ Change ☐ Addition

2.2 NAME Kloker, Mark D.

2.3 STREET ADDRESS 191 St. George Court

2.4 CITY-ST-ZIP Jacksonville, FL 32250

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99

Date

Daytime Phone #

CR2E034 (11/98)