**FILED** 

Jan 25, 1999 8:00am

**Secretary of State** 

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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999 DIVISION OF CORPORATIONS  DOCUMENT # P95000025390					
				01-25-1999 90039 011 ****150.00	
1. Corpora	tion Name P95000	JU2539U			
J. HOS	STER MOBILITY, INC.	,			
		•		1 PRESIDENT NO. OF THE PARTY AND ADDRESS OF THE PARTY ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY ADDRESS OF THE PARTY ADDR	
	•	•			
Principal Pl	ace of Business	Mailing Address	<del></del>		
207 S HOOV		4912 SUNSET BLVD			
SUITE 407		PORT RICHEY FL 34668			
TAMPA FL 3	3609	US	_	DO NOT WRITE IN THIS SPACE	
) 03				3. Date Incorporated or Qualifed	
2 Principal	Place of Business	· · ·		03/28/1995	,
21	riace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Ap	ot # etc	Suite, Apt. #, etc.	<del></del> . <u>.</u> .	59-3321886	Not Applicable
22		27 Suite, Apr. #, etc.			75 Additional
City & St	ate	City & State	<del></del>		ee Required
23		28			.00 мау Ве
Zip	Country	Zip	Country	Trust Furial Contribution Ad	Ided to Fees
24	25	29	30	8. This corporation owes the current year Intangible Personal Property Tax.	
	9. Name and Address of Curre	nt Registered Agent	1371	10. Name and Address of New Registered Agent	LUNO
. "	CTED IAMES D. III	the contraction	81 Name		····
HOSTER, JAMES P. III			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
PORT RICHEY FL 34688			Ollege Add	iess (F.O. Box Number is Not Acceptable)	•
	III NICILLI FL 34000	•	83		A 1015 1511 251 1251
202 2 180	to tillo	and a second second	84 City		Zip Code
office or	t to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607 1508, Florida Statut	tes, the above-named corp	poration submits this statement for the purpose of changing on's board of directors. I hereby accept the appointment a	g its registered
Terragent.illi	aπ familiar with, and accept the obliga	tions of, Section 607.0505, Flo	orida Statutes.	on s board of directors. I hereby accept the appointment a	as registered
SIGNATURE				4 - 4	
12.	Signature, typed or printed name of registered ager OFFICERS AN	ID DIRECTORS (NOTE	Registered Agent signature require 13.		
TITLE	P	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRE	
NAME	HOSTER, JANE S		1.2 NAME	10 (132 (\$68)	nge 🔲 Addition
STREET ADDRESS	1010 01110000 0110		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 T/TLE	Char	nge
NAME	HOSTER, JAMES P III		2.2 NAME		ige ⊡ Abbillion
STREET ADDRESS	10 12 0011021 0210		2.3 STREET ADDRESS		
CITY-ST-ZIP -	PORT RICHEY FL	عرائي فالمعاشرة والمعاشرة	2.4 CITY-ST-ZIP		• •
TITLE SHEET	The state of the s	□ DELETE	3.1 TITLE	☐ Char	nne 🗆 Addition
NAME :	ETANENT NO.		3.2 NAME		ige Addition
STREET ADDRESS	I RICHEY FL 34888		3.3 STREET ADDRESS	Single in the Contract to the contract of the	,
CITY-ST-ZIP	- Control of the Cont	·	3.4. CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE	·	☐ DELETE	4.1 TITLE	देश करें हैं जिसके देश के देश में हैं। से बेहत हैं कि से कि कि 🗀 Chân	ge Addition
NAME 20/ S HOOVE	BCZE	. 4912 GASELLANG	4. 2 NAME	<del>-</del> .	
STREET ADDRESS		POST PROFILE (F. BIRKS)	4.3 STREET ADDRESS		
CITY-ST-ZIP 335	gu gu	10	4.4 CITY-ST-ZIP		
		, DELETE	5.1 TITLE	☐ Chan	ge Addition
NAME STREET ADDRESS			5.2 NAME	0923 460	
STREET ADDRESS	P		5.3 STREET ADDRESS	managara sa	
CITY-ST-ZIP	HOSTER, JAHE 3	☐ BEI ETE	5.4 CITY-ST-ZIP		4.
NAME .	4912 SUMSET BLVD	☐ DELETE	6.1 TITLE	☐ Chan	ge 🔲 Addition
	CARRON SUNGALINA		6.2 NAME		]

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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

813-637-8252