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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

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1. Corporation	MENT # P95	000062876 (4)			
MID F	FLORIDA MOBILE CAR (CARE, INC.	•			
Principal Place	e of Business	Mailing Address		1 TORNION I TYD TOTOE DLEUL ORIEN OF	ONT BOLL BOILD SIND NACH	IBLIH IFFOLG BILL IFFO
31931 BAY TAVARES F		31931 BAY STREET TAVARES FL 32778				
Principal Pl	lace of Business			3. Date incorporated or Qualified 08/07/1995	3a. Date of Last	Report
3193	31 BAY ST.	2a. Mailing Address 26. 3/93/	BAY ST,	4. FEI Number 59-3331900	-	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional Required
City & State	GRES, FL,	City & State 28 TAVARES	FL	6. Election Campaign Financing	□ \$5.0	00 May Be
3277	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for	r intangible tax under	ed to Fees s 199.032,
0011	9. Name and Address of Cu	Irrent Registered Agent	30 LAKE		s 🔼 No	
			81 Name	10. Name and Address of New	Registered Agent	
CYRUS, ROBERT R			82 Street Add			
214-A NORTH THIRD STREET LEESBURG FL 34748			83			
			84 City		85 7	ip Code
			10.1 0			
1. Pursuant te	to the provisions of Sections 607.6	0502 and 607,1508. Florida Statu	doe the character	pration submits this statement for the su-	FL °° *	
Pursuant to or registere familiar wit	to the provisions of Sections £07.6 ed agent, or both, in the State of th, and accept the obligations of	0502 and 607.1508, Florida Statu Florida, Such change was authori Section 607.0505, Florida Statute	ites, the above-named corpo	pration submits this statement for the pu and of directors. I hereby accept the app		registered office d agent. I am
familiar wit	to the provisions of Sections 607.0 red agent, or both, in the State of th, and accept the obligations of,	0502 and 607.1508, Florida Statu Florida. Such change was authori. Section 607.0505, Florida Statute	ites, the above-named corpo	oration submits this statement for the pu and of directors. I hereby accept the app		registered office d agent. I am
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96 352-343-1959
Date Date