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 # P95000096018

DICK'S MOBILE LOCKSMITH, INC.

Principal Place of Business Mailing Address						{	BBC 118 (818)	BIGH BRILL RAIGH BR	ii adiis ii	icin dilit nacas		
Principal Place			ļ									
4401 DEBORD AVE 4401 DEBORD AVE)							
ORLANDO FL 32808 ORLANDO FL 32808						DO NOT WRITE IN THIS SPACE						
					<u> </u>	3. Date Incor			V INIS	3FACE		
					- {	12/15/19		or Qualified			l	
						1-1-1-1					- Und For	
2. Principal Place of Business 2a. Mailing Address					- 1	4. FEI Numb					olied For	
21		26				<u>59-3359</u>	<u>55U</u>				Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired				\$8.75 A		
22 27 27										<u></u>		
City & State City & State						6. Election Campaign Financing \$5.00 May Be						
23		28	Country			Trust Fund	d Contribu	ution		Added t	o Fees	
Zip	Country Zip					8. This corporation owes the current year Intangible						
24	25 29 30					Personal F				☐ Yes	□No	
	9. Name and Address of Curren	t Registered Agent				10. Name and	1 Addres	s of New Regit	stered A	gent	i	
			81	Name								
HUFSCHMID, RICHARD M SR				Chunch	A dd	- (D.O. B: No.	mbor in N	Int Acceptable)				
4401 DEBORD AVE			82	Street Address (P.O. Box Number is Not Acceptable)							Į	
ORLANDO FL 32808			83									
			- 1									
				City	City FL 85					85 Zip (Code	
44 Pursuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statutes.	the above	-named	corpora	tion submits th	nis statem	ent for the purp	ose of o	hanging its	registered	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was auth	onzed by	the corpo	oration's	s board of direc	ctors, I he	ereby accept the	appoin	tment as re	gistered	
SIGNATURE											ſ	
SIGNATURE	gistered Ager	nt signature r	required wh	nen reinstating)			ATE					
12.	OFFICERS AN	D DIRECTORS	13.		_	ADDITIONS	S/CHANG	ES TO OFFICE	RS AN			
TITLE	D	☐ DELETE	1.1 TITLE		P			المشميا وا	Jc	Change	Addition	
NAME	HUFSCHMID, RICHARD M SR		1.2 NAME		Hic.	Richard M Hufschmid Jr Down Brown						
STREET ADDRESS	ALCA DEBODO NE			ADDRESS	440							
CITY-ST-ZIP	ODI ANDO EL 20000			T-ZIP	000	Lando	FI	32808				
TITLE	D D	☐ DELETE	2.1 TITLE	1-211	<u> </u>					Change	☐ Addition	
					ļ							
NAME	HUFSCHMID, MARY C	1	2.2 NAME									
STREET ADDRESS				ADDRESS	_	.	ر۔ ت	~	:- :	-		
-CITY-ST-ZIP - 1	ORLANDO FL 32808		2.4 CITY-5	T-ZIP	├					☐ Change	Addition	
TITLE		☐ DELETE	3.1 TITLE	!	1					change	C1 Vaginos	
NAME		Ì	3.2 NAME								ł	
STREET ADDRESS	RESS 3.3		3.3 STREET ADDRESS]							
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	L	· · · · · · · · · · · · · · · · · · ·						
TITLE	☐ DELETE 4.1 TI		4.1 TITLE							Change	Addition \	
NAME	}	•	4. 2 NAME		1						(
STREET ADDRESS			4.3 STREE	ADDRESS							Ì	
			4.4 CITY-S]							
CITY-ST-ZIP		☐ DELĒTE	5.1 TITLE	1-4F	 					Change	☐ Addition	
			5.1 MAME		1							
NAME				T ADDDECO	}						į	
STREET ADDRESS			5.3 STREE	FADDRESS	l							

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLÉ

6.2 NAME

□ DELETE

SIGNATURE: _ @

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP "

TITLE

NAME

10 mar 99

(407) 291. 8191

Change

☐ Addition

FILED

Secretary of State

03-31-1999 90026 050 ***150.00

Mar 31, 1999 8:00 am

[地影