

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23 1998 8:00am
Secretary of State

DOCUMENT # P97000006425 (7)

1. Corporation Name

D & J MOBILE REPAIR SERVICES, INC.

Principal Place of Business

1972 LAKE ATRIUMS CIRCLE, #195
ORLANDO FL 32839

Mailing Address

1972 LAKE ATRIUMS CIRCLE, #195
ORLANDO FL 32839

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1997

4. FEI Number

59-3421186

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 or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 2702 Bluff View Dr.

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 593853

Suite, Apt. #, etc.

22 City & State

23 Groveland, FL

Zip

24 34736

Country

25 USA

27 City & State

28 Orlando, FL

Zip

29 32859

Country

30 USA

9. Name and Address of Current Registered Agent

FEITSMA, LAURINDA DAWN
1972 LAKE ATRIUMS CIRCLE, #195
ORLANDO FL 32839

10. Name and Address of New Registered Agent

81 Name

Feitsma, Laurinda Dawn

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

2702 Bluff View Dr.

83

84 City

Groveland

FL

85 Zip Code

34736

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 ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

President

1.3 STREET ADDRESS

John A. Shovestull

1.4 CITY - ST - ZIP

2702 Bluff View Dr.

2.1 TITLE

Groveland, FL 34736

2.2 NAME

Vice-President

2.3 STREET ADDRESS

John M. Shovestull

2.4 CITY - ST - ZIP

1743 Americana Blvd. #22-A

3.1 TITLE

Orlando, FL 32839

3.2 NAME

Secretary / Treasurer

3.3 STREET ADDRESS

Laurinda D. Feitsma

3.4 CITY - ST - ZIP

2702 Bluff View Dr.

4.1 TITLE

Groveland, FL 34736

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec./Treas.

3-17-98

352/314-9577

Date

Daytime Phone #

0103169

CR2E034 (10/97)