## 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

DOCUMENT # 1. Corporation Name

P97000060461 (5)

MOBILETECH, INC.

## FILED May 01 1998 8:00am Secretary of State



Principal Plac		Mailing Address		
2718 PARK S		2718 PARK STREET		
JACKSONVILL	LE PL 32204	JACKSONVILLE FL 32204		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				07/10/1997
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21 2007		26 2007 P	MK ST.	79-3460814 Not Applicable
Sulte, Apt.	<del></del>	Suite, Apt. #, etc.	7.10 -7 7	S8 75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State	e	City & State		6, Election Campaign Financing \$5.00 May Be
23 JACK	SONTHE, F-C	28 JACKSONNELL	LE , FL	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 522	$704$ $_{25}$ $V.S.A.$	29 37204	30 U.S.A.	Personal Property Tax due June 30. Yes No
	g, Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
WILKERSON, JAMES E JR 81 Name WILKERSON JAMES C				
2718 PARK STREET			82 Street Ac	WILKERSON VANCS (. VR. ddress (P.O. Box Number is Not Acceptable)
				2007 PARK ST.
			83	
			84 City	Set Tio Codo
				ACKSDINELLE FL 85 Zip Code 32204
11, Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statute	s, the above-named co	orporation 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 proted name of registered ager	Langute if applicable (NOTE)	Registered Agent signature red	quired when reinstaling) DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0	DELETE	11 HILE /	P/T/5 Change Addition
NAME	Wilkerson, James e Jr		1.2 NAME	
STREET ADDRESS	2718 PARK STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32204		1.4 CITY - ST - ZIP	
TITLE		DELETE	21 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	··· · · · · · · · · · · · · · · · · ·
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
City-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME		_	4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	61 TITLE	Change Addition
NAME		<u></u>	6.2 NAME	Crisings Mullion
STREET ADDRESS				
1	· ·		6.3 STREET ADDRESS	
CITY-ST-ZIP	certify that the information supplied wit	h this filing does not qualify for	the exemption stated	in Section 119 07(3)(i). Florida Statutes I further certify that the information
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.				