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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 27 1997 8:00am

Secretary of State

Change

Change

Addition

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V09445

(0)

MOBILITY ASSIST, INC.

CHY - \$1 - 7P

STREET ADDRESS

STREET ADDRESS

CHTY-ST-ZIP

THILE

THUE

NAME

Principal Place of Business 2305 BATTEN RD BROOKSVILLE FL 34601 US		Mailing Address P.O. BOX 10388 BROOKSVILLE FL 34603-0388							
						3. Date Incorporated or Qualified	l l	te of Last R	leport
						01/28/1992	02/	16/1996	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number		<u> </u>	oplied For
21		26				59-3106971			ot Applicable
Suite, Apt. #, (etc.	Suite, Apt. #, etc	ł.,			5. Certificate of Status Desired			Additional equired
City & State		City & State				6. Election Campaign Financing			
23		28				Trust Fund Contribution	П		May Be to Fees
Zip	Country	Zip		Country	·· ····	8. This corporation has liability for	or intendible		
24	25	29	30			Florida Statutes	~ _] No	1. 100.002,
	9. Name and Address of Curi					10. Name and Address of New			···
	Batten Road Ksville fl 34602			82 83	Street Ad-	dress (P.O. Box Number is Not Accept	lable)		<u></u>
11. Pursuant to t	the provisions of Sections 607.0	0502 and 607.1508, Florida S	Statutes, th	84 he above	e-named co	rporation submits this statement for th	FL e purpose of	changing i	Code ts registered
office or reging agent. I am f	istored agent, or both, in the Sta lamiliar with, and accept the ob- mature, types of protest name of registrics	ate of Florida. Such change shigations of, Section 607.050	was autho 15, Florida (NOTE Reg	ne above orized by Statute:	e-named co y the corpor s.	ation's board of directors. I hereby acc	e purpose of cept the app DATE	changing i ointment as	ts registered registered
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14. I do 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE: Fred B. Daville Fore D.B. DAVIS PRES / 2/17/97 (352)796-2362