

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

**APPROVED AND FILED**

CORPORATION  
ANNUAL REPORT  
1995



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

95 APR 26 AM 10:25

DOCUMENT # **V15298** (5)  
1. Corporation Name  
**MOBILE CAR CARE NETWORK, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**946 DUNCAN RD SOUTH DAYTONA FL 32119** **946 DUNCAN RD SOUTH DAYTONA FL 32119**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/18/1992** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3180203** 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 has liability for intangible tax under § 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **707 SAMMS AVE** 26 **707 SAMMS AVE**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Suite M** 27 **Suite M**  
City & State City & State  
23 **Port Orange, FL** 28 **Port Orange, FL**  
Zip Country Zip Country  
24 **32119** 25 **USA** 29 **32119** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SWISHER, BILL**  
**946 DUNCAN RD**  
**SOUTH DAYTONA FL 32119**  
**707 SAMMS AVE, SUITE M**  
**PORT ORANGE, FL**  
**32119**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<b>SWISHER, BILL</b>
NAME	<b>946 DUNCAN RD</b>
STREET ADDRESS	<b>SOUTH DAYTONA FL</b>
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>WILLIAM SWISHER</b>	
1.3 STREET ADDRESS <b>2645 S. ATLANTIC AVE, SUITE 2105</b>	
1.4 CITY - ST - ZIP <b>DAYTONA BEACH SHORES, FL 32118</b>	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 the address.

SIGNATURE:

*[Handwritten Signature]*  
NAME AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Date

**4-14-95 (904) 756-8423**