

**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~~

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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

\$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

21 707 SAMMS AVE

2a. Mailing Address

26 707 SAMMS AVE

Suite, Apt. #, etc.

22 Suite M

Suite, Apt. #, etc.

27 Suite M

City & State

23 Port Orange, FL

City & State

28 Port Orange, FL

Zip

24 32119

Country

25 USA

Zip

29 32119

Country

30 USA

9. Name and Address of Current Registered Agent

SWISHER, BILL  
946 DUNCAN RD  
SOUTH DAYTONA FL 32119

707 SAMMS AVE, SUITE M  
PORT ORANGE, FL  
32119

10. Name and Address of New Registered Agent

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D  
NAME: SWISHER, BILL  
STREET ADDRESS: 946 DUNCAN RD  
CITY - ST - ZIP: SOUTH DAYTONA FL

1.1 TITLE: PRESIDENT  
1.2 NAME: WILLIAM SWISHER  
1.3 STREET ADDRESS: 2645 S. ATLANTIC AVE, SUITE 2105  
1.4 CITY - ST - ZIP: DAYTONA BEACH SHORES, FL 32118  
 Change  Addition

TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:

2.1 TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:  Change  Addition

TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:

3.1 TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:  Change  Addition

TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:

4.1 TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:  Change  Addition

TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:

5.1 TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:  Change  Addition

TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:

6.1 TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:  Change  Addition

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]*

4-14-95 (904) 756-8423