

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1996.
AMOUNT DUE ON OR BEFORE 8/8/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jeffrey B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 12 AM 8:37

DOCUMENT # V22080 (8)

1. Corporation Name

MOBILE ADMINISTRATIVE SERVICES COMPANY

Principal Place of Business

Mailing Address

401 W BURGESS RD
PENSACOLA FL 32503

401 W BURGESS RD
PENSACOLA FL 32503

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/18/1992

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21 185 W. BURGESS RD

26 185 W. BURGESS RD

4. FBI Number

59-3119263

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BREWSTER, JAMES R.
2212 YAUPON DR
TALLAHASSEE FL 32303

81 Name

LINDELL L. MUSICK

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

953 E. KINGSFIELD Rd.

83

84 City

CANTONMENT

FL

85 Zip Code

32533

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

Lindell L. Musick
Signature (typed or printed name of registered agent and if applicable)

(NOTE: Registered Agent signature required when resigning)

6/5/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

MUSICK, DEANNA JEAN

STREET ADDRESS

953 E KINGSFIELD RD

CITY - ST - ZIP

CANTONMENT FL

TITLE

D

NAME

MUSICK, DEWAYNE LEE

STREET ADDRESS

3350 Alysheba Dr

CITY - ST - ZIP

CANTONMENT FL

TITLE

D

NAME

MUSICK, KENNETH CHARLES

STREET ADDRESS

207 WILLIAMSBURG DR

CITY - ST - ZIP

GULF BREEZE FL

TITLE

D

NAME

MUSICK, LINDELL L

STREET ADDRESS

953 E KINGSFIELD RD

CITY - ST - ZIP

CANTONMENT FL

TITLE

D

NAME

MUSICK, MICHAEL LAVERN

STREET ADDRESS

953 E KINGSFIELD RD

CITY - ST - ZIP

CANTONMENT FL

TITLE

D

NAME

D

STREET ADDRESS

D

CITY - ST - ZIP

D

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. L. MUSICK

Lin

6/5/95

1-904-477-3063