

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V22080 (8)
1. Corporation Name
MOBILE ADMINISTRATIVE SERVICES COMPANY



Principal Place of Business
**185 W BURGESS RD
PENSACOLA FL 32503
US**

Mailing Address
**185 W BURGESS RD
PENSACOLA FL 32503
US**

3. Date Incorporated or Qualified **03/18/1992** 3a. Date of Last Report **06/12/1995**

4. FEI Number **59-3119263** 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 s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 **395 W. Burgess Rd** 26 **395 W. Burgess Rd**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State **Pensacola, FL** 27 City & State **Pensacola, FL**

23 Zip **32503** Country 29 **32503** 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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) (SOLE Registered Agent Subject to registration renewal) (DAY)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MUSICK, DEANNA JEAN	
STREET ADDRESS	953 E KINGSFIELD RD	
CITY-STATE-ZIP	CANTONMENT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUSICK, DEWAYNE LEE	
STREET ADDRESS	3350 ALYSHEBA DR	
CITY-STATE-ZIP	CANTONMENT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUSICK, KENNETH CHARLES	
STREET ADDRESS	207 WILLIAMSBURG DR	
CITY-STATE-ZIP	GULF BREEZE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUSICK, LINDELL L.	
STREET ADDRESS	953 E KINGSFIELD RD	
CITY-STATE-ZIP	CANTONMENT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUSICK, MICHAEL LAVERN	
STREET ADDRESS	953 E KINGSFIELD RD	
CITY-STATE-ZIP	CANTONMENT FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	D Musick, Dewayne LEE
23 STREET ADDRESS	1701 W. 9 1/2 MILE Rd.
24 CITY-STATE-ZIP	Cantonment, FL 32533
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	D Musick, Kenneth Charles
33 STREET ADDRESS	1390 Ft. Pickens Rd #230
34 CITY-STATE-ZIP	Pensacola Beach, FL 32561
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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 an address.

SIGNATURE: *[Signature]* **4/3/96** **1904-477-3063**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date of Filing)

CR2E034 (12/95)