

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

*pg 1 of 2*

DOCUMENT # 356090 (1)

1. Corporation Name

FLEETWOOD HOMES OF FLORIDA, INC.



Principal Place of Business	Mailing Address
C/O FLEETWOOD ENTERPRISES INC 3125 MYERS ST. PO BOX 7638 RIVERSIDE CA 92513-7638 US	C/O FLEETWOOD ENTERPRISES INC 3125 MYERS ST. PO BOX 7638 RIVERSIDE CA 92513-7638 US

3. Date Incorporated or Qualified 12/01/1969	3a. Date of Last Report 05/01/1995
4. FEI Number 59-1295435	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code FL

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TAS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARKIN, LYLE N.	1.2 NAME	
STREET ADDRESS	3125 MYERS ST. BOX 7638	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERSIDE, CA 00000	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUMMER, GLENN F	2.2 NAME	
STREET ADDRESS	3125 MYERS ST. BOX 7638	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERSIDE, CA 00000	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAR, WILLIAM H	3.2 NAME	
STREET ADDRESS	3125 MYERS ST. BOX 7638	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERSIDE, CA 00000	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREAN, JOHN C	4.2 NAME	
STREET ADDRESS	3125 MYERS ST. BOX 7638	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERSIDE, CA 00000	4.4 CITY-ST-ZIP	
TITLE	VC	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIDE, WILLIAM W	5.2 NAME	
STREET ADDRESS	3125 MYERS ST. BOX 7638	5.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERSIDE, CA 00000	5.4 CITY-ST-ZIP	
TITLE	CV	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BINGHAM, PAUL M	6.2 NAME	
STREET ADDRESS	3125 MYERS ST. BOX 7638	6.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERSIDE, CA 00000	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 an address.

SIGNATURE: *Lyle Larkin* Lyle Larkin 4/24/96 (909) 351-3797  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

Py 292

OFFICERS AND DIRECTORS OF  
FLEETWOOD HOMES OF FLORIDA, INC.

JOHN C. CREAN	CHAIRMAN OF THE BOARD AND CHIEF EXECUTIVE OFFICER AND DIRECTOR
GLENN F. KUMMER	PRESIDENT, CHIEF OPERATING OFFICER AND DIRECTOR
PAUL M. BINGHAM	FINANCIAL VICE PRESIDENT & ASST. SECY. AND DIRECTOR
JON A. NORD	SENIOR VICE PRESIDENT - HOUSING GROUP
ELDEN L. SMITH	SENIOR VICE PRESIDENT - RV GROUP
LAWRENCE F. PITTROFF	SENIOR VICE PRESIDENT
WILLIAM H. LEAR	VICE PRESIDENT - GENERAL COUNSEL AND SECRETARY AND DIRECTOR
ROBERT W. GRAHAM	VICE PRESIDENT - ADMINISTRATION AND HUMAN RESOURCES
JERRY L. HEWITT	VICE PRESIDENT - QUALITY
MALLORY S. SMITH	VICE PRESIDENT - OPERATIONS, HOUSING GROUP
LYLE N. LARKIN	TREASURER AND ASSISTANT SECRETARY

ALL CORRESPONDENCE TO ANY OF THE  
ABOVE SHOULD BE ADDRESSED AS FOLLOWS:

P.O. BOX 7638  
RIVERSIDE, CA 92513-7638