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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

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May 13 1997 8:00am

Secretary of State

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## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 356090

(1)

FLEETWOOD HOMES OF FLORIDA, INC.

| Principal Place  | of Business  | Mailing Address   |   |  |   |                  |                             | UKOH IUU                               |
|--|--|---|---|--|---|------------------|-----------------------------|--|
| C/O FLEETWOX   | DD ENTERPRISES INC<br>T. PO BOX 7638   | C/O FLEETWOOD ENTE<br>3125 MYERS ST. PO B<br>RIVERSIDE CA 92513-76                    | OX 7638   | c  |   |                  |                             |  |
| US US  |  |   |   |  | 3. Date Incorporated or Qualified                       | 1                |                             |  |
|  |  |   |   |  | 12/01/1969  | ⊥_05/0           | 1/1996                      |  |
| 2. Principal Pt  | ace of Business  | 2a. Mailing Address   |   |  | 4. FEI Number   |                  | <del>}</del>                | plied For                              |
| 21   | W  | 26  |   | ·····  | 59-1295435  |                  |                             | 1 Applicable                           |
| Suite, Apt.  | #, etc   | Suite, Apt. #, etc.   |   |  | 5. Certificate of Status Desired                        |                  | \$8.75 /<br>Fee Re          |  |
| City & State   |  | City & State  |   |  | & Startion Compaign Financias                           |                  |                             | <del></del>                            |
| 23   | '  | 28  |   |  | Election Campaign Financing     Trust Fund Contribution |                  | \$5.00<br>Added t           |  |
| Zip  | Country  | Zip   | Cou   | ıntry  | 8. This corporation has liability for                   |                  |                             |  |
| 24   | 25   | 29  | 30  | •  | Florida Statutes  | Yes [            | ] No                        | 100.002,                               |
|  | 9. Name and Address of Current   | t Registered Agent  |   |  | 10. Name and Address of New Re                          | gistered A       | gent                        |  |
| CTC  | ORPORATION SYSTEM  |   |   | 81 Name  |   |                  |                             |  |
| 1200 S. PINE ISLAND ROAD   |  |   |   | B2 Street Add  | Iress (P.O. Box Number is Not Acceptate                 | ole)             |                             |  |
|  | TATION FL 33324  |   |   | 0.000,7,00   |   |                  |                             |  |
| , ,  |  |   | Ì   | 83   |   |                  |                             |  |
|  |  |   |   | 84 City  |   |                  | 85 Zip                      | Code                                   |
|  |  |   |   | City   |   | FL               |                             | 5000                                   |
| office or n  | eoistered agent or both, in the State.   | of Florida. Such change wa  | as autoorize  |  |   |                  |                             |  |
| office or n<br>agent. I al<br>SIGNATURE  | to the provisions of Sections 607.0502 ogistered agent, or both, in the State in familiar with, and accept the obligations to provide the obligations of the section of the section of the section agent of the section agent of the section of the se | ations of, Section 607.0505,  | Florida Stat  | tutes.   |   |                  |                             |  |
| agent. La<br>SIGNATURE   | ogistered agent, or both, in the State<br>in familiar with, and accept the obligation of the obligation of printed name of registered agent<br>OFFICERS AND  | nt and tille it applicable. (I  | Florida Stat  | tutes.<br>Id Agent signature requ  |   | DATE             | DIRECTOR                    | S IN 12                                |
| agent. La  | in familiar with, and accept the obligation of reputered age.  OFFICERS AND  | nt and tille it applicable. (I  | Florida Stat  | tutes. d Agent signature requ  | uked when reinstaling)                                  | DATE             | DIRECTOF                    | IS IN 12                               |
| agent. La<br>SIGNATURE<br>12.  | in familiar with, and accept the obligation by the street or printed rains of repultinud ages  OFFICERS AND  TAS   | ations of, Section 607 0505, int and title if applicable.  O DIRECTORS                | Florida Stat  | tutes  Id Agent signature requ   | uked when reinstaling)                                  | DATE             |                             |  |
| agent I all SIGNATURE  | in familiar with, and accept the obligation of reputered age.  OFFICERS AND  | ations of, Section 607 0505, int and title if applicable.  O DIRECTORS                | NOTE: Registere  13. 1.1 Ti 1.2 N   | tutes  Id Agent signature requ   | uked when reinstaling)                                  | DATE             |                             |  |
| agent. Lai StGNATURE  12. THE  | in familiar with, and accept the obligation by a printed name of registrated ages  OFFICERS AND  TAS  LARKIN, LYLE N.  | ations of, Section 607 0505, int and title if applicable.  O DIRECTORS                | NOTE: Registere 13. 1.1 TF 1.2 N 1.3 S  | tutes. Id Agent signature requi  | uked when reinstaling)                                  | DATE             |                             |  |
| agent. Lai SIGNATURE  12. THE HAME STREELADDRESS   | The familiar with, and accept the obligation by the street of printed rearray of registrated agore OFFICERS AND TAS LARKIN, LYLE N. 3125 MYERS ST. BOX 7638  | ations of, Section 607 0505, int and title if applicable.  O DIRECTORS                | NOTE: Registere 13. 1.1 TF 1.2 N 1.3 S  | tutes.  It Agent signature requ  ITLE  AME  TREET ADDRESS  ITY-ST-ZIP  | uked when reinstaling)                                  | DATE             |                             |  |
| agent. Lai SEGNATURE  12. THE NAME STREELADDRESS CHY-SL-ZIF  | TAS LARKIN, LYLE N. 3125 MYERS ST. BOX 7638 RIVERSIDE, with and accept the obligation of registered ager OFFICERS AND ARKIN, LYLE N. 3125 MYERS ST. BOX 7638 RIVERSIDE, CA 00000   | ations of, Section 607 0505, of and fille if approcable.    Diffections   Delete      | NOTE: Registere  13. 11 T! 1.2 N. 1.3 S 1.4 C!  | Itutes  Ind Agent eignature requiritie  INTLE  IAME  TREET ADDRESS  ITY - ST - ZIP  ITILE  | uked when reinstaling)                                  | DATE             | Change                      | Addition                               |
| agent. Fai SIGNATURE  12. THE NAME STREEL ADDRESS CHY-SI-ZIF THEE  | TAS LARKIN, LYLE N. 3125 MYERS ST. BOX 7638 RIVERSIDE, CA 00000 P  | ations of, Section 607 0505, of and fille if approcable.    Diffections   Delete      | NOTE: Registere  13. 1.1 1! 1.2 N. 1.3 S' 1.4 Cl 2.1 Ti 2.2 N.  | Itutes  Ind Agent eignature requiritie  INTLE  IAME  TREET ADDRESS  ITY - ST - ZIP  ITILE  | uked when reinstaling)                                  | DATE             | Change                      | Addition                               |
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| AGENT LAI SIGNATURE  TILE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | TAS LARKIN, LYLE N. 3125 MYERS ST. BOX 7638 RIVERSIDE, CA 00000 VS LEAR, WILLIAM H 3125 MYERS ST. BOX 7638 RIVERSIDE, CA 00000 C CREAN, JOHN C 3125 MYERS ST. BOX 7638 RIVERSIDE, CA 00000 C CREAN, JOHN C 3125 MYERS ST. BOX 7638 RIVERSIDE, CA 00000 C CREAN, JOHN C 3125 MYERS ST. BOX 7638 RIVERSIDE, CA 00000 CV BINGHAM, PAUL M 3125 MYERS ST. BOX 7638  | Ations of, Section 607 0505, intend title if approcable. (IDDIRECTORS DELETE DELETE   | Florida Stal  NOTE: Registere  13.  11 Tf 1.2 N. 1.3 S' 1.4 Cl 2.1 Tf 2.2 N. 2.3 Si 2.4 C 3.1 Tf 3.2 N. 3.3 S' 3.4 C 4.1 Tf 4.2 N. 4.3 S' 4.4 C 5.1 Tf 5.2 N. 5.3 S' 5.4 C 6.1 Tf                   | ITLE  AME  TREET ADDRESS  ITY-ST-ZIP  ITLE  ITLE  ITHE  ITHEET ADDRESS  ITY-ST-ZIP  ITLE  ITHEET ADDRESS  ITY-ST-ZIP  ITLE  ITHEET ADDRESS   | uked when reinstaling)                                  | DATE<br>CERS AND | Change Change Change        | Addition  Addition  Addition           |
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| AGENT LA SIGNATURE  TILE NAME STREEL ADDRESS CITY-SI-ZIF TILE NAME STREET ADDRESS CITY-SI-ZIP TILE NAME  | TAS LARKIN, LYLE N. 3125 MYERS ST. BOX 7638 RIVERSIDE, CA 00000 VS LEAR, WILLIAM H 3125 MYERS ST. BOX 7638 RIVERSIDE, CA 00000 C CREAN, JOHN C 3125 MYERS ST. BOX 7638 RIVERSIDE, CA 00000 C CREAN, JOHN C 3125 MYERS ST. BOX 7638 RIVERSIDE, CA 00000 C CREAN, JOHN C 3125 MYERS ST. BOX 7638 RIVERSIDE, CA 00000 CV BINGHAM, PAUL M 3125 MYERS ST. BOX 7638  | Ations of, Section 607 0505, not and title of approcable. (IDDIRECTORS DELETE DELETE  | Florida Stal  NOTE: Registere  13.  11 Tf 1.2 N. 1.3 S' 1.4 Cl 2.1 Tf 2.2 N. 2.3 Si 2.4 Cl 3.1 Tf 3.2 N. 3.3 S' 3.4 Cl 4.1 Tf 4.2 N. 4.3 S' 4.4 Cl 5.1 Tf 5.2 N. 5.3 S' 5.4 Cl 6.1 Tf 6.2 N. 6.3 S' | ITLE  AME  TREET ADDRESS  ITY-ST-ZIP  ITLE  ITLE  ITHE  ITHEET ADDRESS  ITY-ST-ZIP  ITLE  ITHEET ADDRESS  ITY-ST-ZIP  ITLE  ITHEET ADDRESS   | uked when reinstaling)                                  | DATE<br>CERS AND | Change Change Change Change | Addition  Addition  Addition           |

## FLEETWOOD HOMES OF FLORIDA, INC. OFFICERS AND DIRECTORS OF MANUFACTURED HOUSING SUBSIDIARIES OF FLEETWOOD ENTERPRISES, INC.

John C. Crean

Glenn F. Kummer

Paul M. Bingham

Jon A. Nord

Elden L. Smith

William H. Lear

Robert W. Graham

Lyle N. Larkin Jerry L. Hewitt Chairman of the Board and
Chief Executive Officer
President, Chief Operating
Officer and Director
Financial Vice President and
Assistant Secretary and Director
Senior Vice President Housing Group
Senior Vice President RV Group
Vice President - General
Counsel and Secretary and Director
Vice President - Administration
and Human Resources
Treasurer and Asst. Secretary
Vice President - Quality

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

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