

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 356090 (1)

1. Corporation Name
FLEETWOOD HOMES OF FLORIDA, INC.



Principal Place of Business C/O FLEETWOOD ENTERPRISES INC 3125 MYERS ST. PO BOX 7638 RIVERSIDE CA 92513-7638 US	Mailing Address C/O FLEETWOOD ENTERPRISES INC 3125 MYERS ST. PO BOX 7638 RIVERSIDE CA 92513-7638 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 12/01/1969	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name	10. Name and Address of New Registered Agent
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TAS	1.1 TITLE	C/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARKIN, LYLE N.	1.2 NAME	KUMMER, GLENN F.
STREET ADDRESS	3125 MYERS ST. BOX 7638	1.3 STREET ADDRESS	3125 MYERS ST
CITY-ST-ZIP	RIVERSIDE, CA 00000	1.4 CITY-ST-ZIP	RIVERSIDE CA 92503
TITLE	P	2.1 TITLE	P / COO/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUMMER, GLENN F	2.2 NAME	POTTER, NELSON W.
STREET ADDRESS	3125 MYERS ST. BOX 7638	2.3 STREET ADDRESS	3125 MYERS ST
CITY-ST-ZIP	RIVERSIDE, CA 00000	2.4 CITY-ST-ZIP	RIVERSIDE CA 92503
TITLE	VS	3.1 TITLE	V / S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAR, WILLIAM H	3.2 NAME	LEAR, WILLIAM H.
STREET ADDRESS	3125 MYERS ST. BOX 7638	3.3 STREET ADDRESS	3125 MYERS ST.
CITY-ST-ZIP	RIVERSIDE, CA 00000	3.4 CITY-ST-ZIP	RIVERSIDE CA 92503
TITLE	C <input checked="" type="checkbox"/> DELETE	4.1 TITLE	V / AS / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREAN, JOHN C	4.2 NAME	BINGHAM PAUL M.
STREET ADDRESS	3125 MYERS ST. BOX 7638	4.3 STREET ADDRESS	3125 MYERS ST
CITY-ST-ZIP	RIVERSIDE, CA 00000	4.4 CITY-ST-ZIP	RIVERSIDE CA 92503
TITLE	CV	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BINGHAM, PAUL M	5.2 NAME	LOTT, CHARLES E.
STREET ADDRESS	3125 MYERS ST. BOX 7638	5.3 STREET ADDRESS	3125 MYERS ST
CITY-ST-ZIP	RIVERSIDE, CA 00000	5.4 CITY-ST-ZIP	RIVERSIDE CA 92503
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E034 (10/97)

**FLEETWOOD HOMES OF FLORIDA, INC.
OFFICERS AND DIRECTORS OF
MANUFACTURED HOUSING SUBSIDIARIES OF
FLEETWOOD ENTERPRISES, INC.
(EASTERN REGION)**

**Glenn F. Kummer
Nelson W. Potter
Paul M. Bingham**

**Mallory S. Smith
Richard E. Parks
William H. Lear**

**Charles E. Lott
Lyle N. Larkin**

**Chairman of the Board and Chief Executive Officer
President, Chief Operating Officer and Director
Senior Vice President - Finance 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 - Eastern Region
Treasurer and Asst. Secretary**

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

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

1-13-98