

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

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90033 032 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **356090**

1. Corporation Name  
**FLEETWOOD HOMES OF FLORIDA, INC.**



DO NOT WRITE IN THIS SPACE

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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3. Date Incorporated or Qualified <b>12/01/1969</b>	Applied For Not Applicable
4. FEI Number <b>59-1295435</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" 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 Country	28 Zip Country
24 25	29 30

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>TAS</b>	<input type="checkbox"/> DELETE
NAME	<b>LARKIN, LYLE N.</b>	
STREET ADDRESS	<b>3125 MYERS ST. BOX 7638</b>	
CITY-ST-ZIP	<b>RIVERSIDE, CA 00000</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>KUMMER, GLENN F</b>	
STREET ADDRESS	<b>3125 MYERS ST. BOX 7638</b>	
CITY-ST-ZIP	<b>RIVERSIDE, CA 00000</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>LEAR, WILLIAM H</b>	
STREET ADDRESS	<b>3125 MYERS ST. BOX 7638</b>	
CITY-ST-ZIP	<b>RIVERSIDE, CA 00000</b>	
TITLE	<b>VAD</b>	<input type="checkbox"/> DELETE
NAME	<b>BINGHAM, P M</b>	
STREET ADDRESS	<b>3125 MYERS ST. BOX 7638</b>	
CITY-ST-ZIP	<b>RIVERSIDE, CA 00000</b>	
TITLE	<b>CV</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BINGHAM, PAUL M</b>	
STREET ADDRESS	<b>3125 MYERS ST. BOX 7638</b>	
CITY-ST-ZIP	<b>RIVERSIDE, CA 00000</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>LOTT, C E</b>	
STREET ADDRESS	<b>3125 MYERS ST</b>	
CITY-ST-ZIP	<b>RIVERSIDE CA 92503</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>V/T/AS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	<b>RIVERSIDE CA 92513-7638</b>	
2.1 TITLE	<b>C/CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	<b>RIVERSIDE CA 92513-7638</b>	
3.1 TITLE	<b>V/S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	<b>RIVERSIDE CA 92513-7638</b>	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	<b>RIVERSIDE CA 92513-7638</b>	
5.1 TITLE	<b>P/COO/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>POTTER, N W</b>	
5.3 STREET ADDRESS	<b>3125 MYERS ST. BOX 7638</b>	
5.4 CITY-ST-ZIP	<b>RIVERSIDE CA 92513-7638</b>	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	<b>3125 MYERS ST. BOX 7638</b>	
6.4 CITY-ST-ZIP	<b>RIVERSIDE CA 92513-7638</b>	

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/12/99** (909) 351-3797  
 Daytime Phone #

CR2E034 (1/98)

544964-9003332

#356090

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  
Senior 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

3/10/98

