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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

04-26-1999 90235 020 ***150.00



DOCUMENT # 386488 1. Corpo ation Name RONLEE MOBILE HOME CENTER, INC.							
Principal Place of Business Mailing Address					1 106/60 filmt forit arini mindr inret inti minnt	GIBIT EIERI DIBII IF	iari atāti toni
0500 5 CCLONIAL DD - P.O BOX 730600							
ORLANDO FL 32807 OREANDO FL 89872 8505					DO NOT WRITE IN THI	S SPACE	
US		U\$			3. Date incorporated or Qualifed		
					08/05/1971		
2. Principal Place of Business 2a. Malling Address					4. FEI Number	Ap;	olied For
21 1590 BesiE 57 26					59-1356937	Not	Applicable
Suite, /pt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	
22 P.O. Box 30 27					S. Borri, ide S. Belle S. Bell	Fee Re	
City & State City & State					6. Election Campaign Financing	\$5.00	
23 Orlando 28			Countrie		Trust Fund Contribution	Added t	rees
			Country		This corporation owes the current year li Personal Property Tax.		□No
24 328 2	9. Name and Address of Currer	29 30	J.		10. Name and Address of New Registers		
	5. Name and Address of Currer	it itegistered Agent	81	Name			
PRIE	ST, ROLLIN E., JR.		-	- A -	dress (P.O. Bo (Number is Not Acceptable)		
2756 APPALOOSA RD			82	Street A-10	dress (P.O. Bo.(Number is Not Acceptable)		
ORLANDO FL 32822			83				
			0.4			. 85 Zip C	ode
ı			84	City	F	L as Eip C	
11. Pursuant i office or re agent. I as	to the provisions of Sections 607.055 egistered agent, or both in the State in familiar with and aucept the obligation of the state of	of Florida. Such change was auth	norized by a Statutes	the corpora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the application when reinstating) DATE		istered
12.	OFFICERS AND DIRECTORS 13.		13.		ADDITIONS/CHANGES TO OFFICERS	ND DIRECTO	
TITLE	С	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	PRIEST, ROLLIN E JR		12 NAME	1			İ
STREET ADDRESS	2756 APPALOOSA RD		1.3 STREET	TADDRESS			
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-S	T-ZIP		Change	Addition
TITLE		☐ DELETÉ	2.1 TITLE			Change	L. Addition
NAME			2.2 NAME				ļ
STREET ADDRESS	Bi .		2.3 \$TREE1	ì			}
CITY-ST-ZIP			2.4 CITY-S 3.1 TITLE	SI-ZIP		Change	Addition
TITLE NAME	_		32 NAME				Ì
l l				TADDRESS			
STREET ADDRESS CITY-ST-ZIP			3.4 CITY-S	ļ			
TITLE			4.1 TITLE			Change	Addition
NAME	4,21		4, 2 NAME				l
STREET ADDRESS		4.3 S		TADDRESS			}
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TIFLE			5.1 TITLE			Change	Addition
NAME	1		5.2 NAME				}
STREET ADDRESS	E		Q.	TADDRESS			
CITY-ST-ZIP		5.4 CI		T-ZIP		☐ Change	Addition
TITLE		DELETE 6.1 Ti		}		∟ change	□ vaginos
NAME			6.2 NAME	TANDDESS			İ
STREET ADDRESS				T ADDRESS			Ì
CITY-ST-ZIP			6.4 CITY-S	1-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 supplementally 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 elecute 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 arachment with an address, with at other like empowered.

SIGNATURE:

CR2E034 (11/98)