FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **658186** **(2)**

1. Corporation Name

MOBILE HOME ELECTRIC & AIR, INC.

Principal Place of Business	Mailing Address
HWY 40 EAST RT 2 BOX 210 SILVER SPRINGS FL 32688	12426 E HIGHWAY 40 SILVER SPRINGS FL 34488 US

3. Date Incorporated or Qualified: **03/06/1980**

3a. Date of Last Report: **04/03/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **59-2053534** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GULBRANDSON, MORRIS
5715 SE 170TH CT
OKLAWAHA, FL
OKLAWAHA FL 32179

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VS	☐ DELETE	1.1 TITLE	DS	☒ Change ☐ Addition
NAME	GULBRANDSON, ALISON P		1.2 NAME	Gulbrandson, Alison P	
STREET ADDRESS	5715 SE 170TH CT		1.3 STREET ADDRESS	Rt 2 Box 137	
CITY-ST-ZIP	OKLAWAHA, FL 32679		1.4 CITY-ST-ZIP	Georgetown, GA 31754	
TITLE	PT	☐ DELETE	2.1 TITLE	DPT	☒ Change ☐ Addition
NAME	GULBRANDSON, MORRIS C		2.2 NAME	Gulbrandson, Morris C	
STREET ADDRESS	5715 SE 170TH CT		2.3 STREET ADDRESS	Rt 2 Box 137	
CITY-ST-ZIP	OKLAWAHA, FL 32679		2.4 CITY-ST-ZIP	Georgetown, GA 31754	
TITLE		☐ DELETE	3.1 TITLE	V	☐ Change ☒ Addition
NAME			3.2 NAME	Branson, James J	
STREET ADDRESS			3.3 STREET ADDRESS	5825 SE 184th Terr	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Oklawaha, FL 32179	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: _____ James Branson 3-26-96 352-625-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #