FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:12

DOCUMENT # **827123** **(1)**

1. Corporation Name
TARA MOBILE HOMES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 7037 JACKSONVILLE FL 32238	P.O. BOX 7037 JACKSONVILLE FL 32238

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/02/1971**
3a. Date of Last Report: **01/27/1994**

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: **58-0915866** ☐ 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

RYLE, ROBERT C.
35607 CALLA CT.
LEESBURG FL 34788

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 (Signature of new registered agent) (NOTE: Registered Agent signature required when designated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☑ Addition
NAME	RYLE,R C	12 NAME	Secretary
STREET ADDRESS	35607 CALLA CT.	13 STREET ADDRESS	Bobbie A. Todd
CITY ST ZIP	LEESBURG FL	14 CITY ST ZIP	6218 Westshores Rd. Orange Park, FL 32073
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	RYLE, ANITA G.	22 NAME	
STREET ADDRESS	35607 CALLA CT.	23 STREET ADDRESS	
CITY ST ZIP	LEESBURG FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MONDAY, KATHRYN N. Deceased	32 NAME	
STREET ADDRESS	21 TROPICAL SHORES DR.	33 STREET ADDRESS	
CITY ST ZIP	TAVARES FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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 asterisk.

SIGNATURE: ROBERT C. RYLE Robert C. Ryle 3-21-95 904-357-8978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0406845 FP