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 # **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

3. Date Incorporated or Qualified: **12/02/1971**
3a. Date of Last Report: **03/27/1995**
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

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

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: Ryle, Robert C.
82 Street Address (P.O. Box Number is Not Acceptable): 1509 Maple Leaf Ln
83 Orange Park, Fl. 32073
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: Robert C. Ryle, president — Robert C Ryle — DATE: 3-2-96
Signature, typed or printed name of registered agent and the title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	BOBBIE, A. T (Todd, Bobbie A.)		1.2 NAME	Ryle, Robert C.
STREET ADDRESS	6218 WESTSHORES RD		1.3 STREET ADDRESS	1509 Maple Leaf Lane
CITY-ST-ZIP	ORANGE PARK FL		1.4 CITY-ST-ZIP	Orange Park, Fl 32073
TITLE	VSD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	RYLE, ANITA G.		2.2 NAME	VD
STREET ADDRESS	35607 CALLA CT.		2.3 STREET ADDRESS	Ryle, Anita G.
CITY-ST-ZIP	LEESBURG FL		2.4 CITY-ST-ZIP	1509 Maple Leaf Lane
TITLE	D	☒ DELETE	3.1 TITLE	Orange Park, Fl. 32073 ☐ Change ☐ Addition
NAME	MONDAY, KATHRYN N.		3.2 NAME	
STREET ADDRESS	21 TROPICAL SHORES DR. deceased		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL		3.4 CITY-ST-ZIP	
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)(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.

SIGNATURE: Bobbie A Todd, Bobbie A. Todd, Secretary 3-2-96 771-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #