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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

TARA MOBILE HOMES, INC.

FILED Mar 31 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing	Address				1 100107 10010		,,,, 0,0,,, 0,0,,,	.,
P.O. BOX 70			P.O. BOX 7037							
JACKSONVIL	LE FL 32238	JACK	JACKSONVILLE FL 32238				DO HOT HIS	TE 01 TUG	00405	
							DO NOT WR		SPACE	
							3. Date Incorporated or Qualifie	3		
9 Principal D	lace of Business	2a Mail	ling Address				12/02/1971 4. FEI Number		 	
	ace of business	├ ─¬	ing Address						<u> </u>	pplied For
21 Culto Aira	# -10	26	Suite, Apt. #, etc.				58-0915866			ot Applicable
Sulte, Apt.	#, etc.	—					5. Certificate of Status Desired		T	Additional tequired
City & State		27	P. Ctolo							
— ·	е	<u> </u>	City & State				6. Election Campaign Financing	r1		May Be
Zip	Country	28		T 6	ountry		Trust Fund Contribution			to Fees
	├─ ┐ ′	— — `		\vdash	ournry		8. This corporation owes or has			ntangible No
24	25 B. Name and Address of Curre	29	l Ament	30	_		Personal Property Tax due Ju 10. Name and Address of New			NO
5)		ein negisteret	- Agoin		81	Name	10. Maine and Address of New	vefisionen	Main	
RYLE, ROBERT C					"	Name				
	09 MAPLES LEAF LANE		62			Street	Address (P.O. Box Number is Not Accep	table)		
U	RANGE PARK FL 32073									
					63					
ı					84	City			85 Zip	Code
						•		<u> </u>	. } `	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.15	08, Florida Statu	tes, the	above	-named	corporation submits this statement for the poration's board of directors. I hereby according to the control of the corporation	purpose o	of changing i	its registered
agent. I a	m familiar with, and accept the obli	igations of, Sec	tion 607.0505, Fi	lorida St	atutes	ine con	poration's board of offectors, I hereby act	whi the abt	Journalient as	s registered
SIGNATURE										
O G TO TO THE	Signature, typed or printed name of registered a			TE Registe	red Age	ni signature	a required when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTOR		13			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	8		☐ DELETE	1.1	TITLE				Change	☐ Addition
NAME	TODD, BOBBIE A			1.2	NAME					
STREET ADDRESS	6218 WESTSHORES RD			1.3	STREET	address				
CITY-ST-ZIP	ORANGE PARK FL			1.4	CITY-S	T-ZIP				
TITLE	VD		DELETE	2.1	TITLE				Change	☐ Addition
NAME	RYLE, ANITA G.			2.2	NAME					
STREET ADDRESS	1509 MAPLE LEAF LANE			2.3	STREET	ADDRESS				
CITY-ST-ZIP	orange park fl			2. 4	CITY-S	T-ZIP				
TITLE	D		DELETE		TITLE				Change	Addition
NAME	RYLE, ROBERT C			3.2	NAME					
STREET ADDRESS	1509 MAPLE LEAF LANE			3.3	STREET	ADDRESS				
CITY-ST-ZIP	ORANGE PARK FL				. CITY-5					
TITLE			DELETE		TITLE	1 - 411			Change	Addition
NAME				1	NAME					
STREET ADORESS				1		ADDRESS				
							,			
CITY-ST-ZIP TITLE			DELETE		CITY-S	1-ZIP			Change	Addition
							J			L AUGINOI
NAME					NAME					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			D DE COL		CITY-S	T-ZIP				1 1 3 3 1 i i c
TITLE			☐ DELETE		TITLE				☐ Change	Addition
NAME					NAME					
STREET ADDRESS				6.3	STREET	ADDRESS	1			

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.

3-25- GO (QNI) 771 73AM Todd