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 JAN 31 AM 9:03

DOCUMENT # **856526** **(9)**

1. Corporation Name
QUALITY MOBILE HOME SALES, INC.

Principal Place of Business	Mailing Address
31550 NORTHWESTERN HWY SUITE 120 FARMINGTON HILLS MI 48333	31550 NORTHWESTERN HWY SUITE 120 FARMINGTON HILLS MI 48333

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/24/1983
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: 48334
Country — 25:
Zip — 29: 48334
Country — 30:

4. FEI Number: 38-2384145 ☐ 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

DUFRESNE, ERNEST JOSEPH
5160 LAKE WORTH ROAD
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

81 Name: Sharon Guiliano
82 Street Address (P.O. Box Number is Not Acceptable): 3113 State Road 580
83:
84 City: Safety Harbor FL 85 Zip Code: 34695

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: Sharon Guiliano — Sharon Guiliano — 1-23-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	President	☒ Change ☐ Addition
NAME	FANNON, BRIAN W.	1.2 NAME	David A. Fons	
STREET ADDRESS	31550 NORTHWESTERN SUITE 120	1.3 STREET ADDRESS	31550 Northwestern Hwy., Ste.120	
CITY-ST-ZIP	FARMINGTON HILLS MI	1.4 CITY-ST-ZIP	Farmington Hills, MI 48334	
TITLE	S	2.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	FONS, DAVID A.	2.2 NAME	Judy Charette	
STREET ADDRESS	31550 NORTHWESTERN SUITE 120	2.3 STREET ADDRESS	31550 Northwestern Hwy., Ste.120	
CITY-ST-ZIP	FARMINGTON HILLS MI	2.4 CITY-ST-ZIP	Farmington Hills, MI 48334	
TITLE	T	3.1 TITLE		☒ Change ☐ Addition
NAME	FANNON, BRIAN	3.2 NAME	Delete	
STREET ADDRESS	31550 NORTHWESTERN SUITE 120	3.3 STREET ADDRESS		
CITY-ST-ZIP	FARMINGTON HILLS MI	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 address.

SIGNATURE: David A. Fons, President — 810-855-0955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0388003 CP