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**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90017 049 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F93000004640**  
 1. Corporation Name  
**CMH PARKS, INC.**



Principal Place of Business: 5000 CLAYTON HOMES DRIVE, MARYVILLE TN 37804 US  
 Mailing Address: PO BOX 9790, MARYVILLE TN 37802 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 5000 Clayton Road, 22 Suite, Apt. #, etc., 23 City & State: MARYVILLE, TN, 24 Zip: 37804, 25 Country: USA  
 2a. Mailing Address: 26 P.O. Box 4098, 27 Suite, Apt. #, etc., 28 City & State: MARYVILLE, TN, 29 Zip: 37802, 30 Country: USA

3. Date Incorporated or Qualified: 10/14/1993  
 4. FEI Number: 62-1362749, Applied For: Not Applicable  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing: \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax: Yes

9. Name and Address of Current Registered Agent: C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND RD., PLANTATION FL 33324

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE: PD	NAME: CLAYTON, KEVIN T. STREET ADDRESS: 623 MARKET ST 8TH FL CITY-ST-ZIP: KNOXVILLE TN 37902
TITLE: T	NAME: BOYD, PAUL STREET ADDRESS: 623 MARKET ST 8TH FLOOR CITY-ST-ZIP: KNOXVILLE TN 37902
TITLE: V	NAME: NICELY, CHRIS STREET ADDRESS: 623 MARKET ST 8TH FLOOR CITY-ST-ZIP: KNOXVILLE TN 37902
TITLE: VD	NAME: KALEC, JOHN STREET ADDRESS: 623 MARKET ST 8TH FLOOR CITY-ST-ZIP: KNOXVILLE TN
TITLE: CEOD	NAME: CLAYTON, JAMES STREET ADDRESS: 623 MARKET ST 8TH FLOOR CITY-ST-ZIP: KNOXVILLE TN
TITLE: S	NAME: GREEN, KEITH STREET ADDRESS: 623 MARKET ST 8TH FLOOR CITY-ST-ZIP: KNOXVILLE TN 37902

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: PD	1.2 NAME: KEVIN T. Clayton 1.3 STREET ADDRESS: 5000 Clayton Rd. 1.4 CITY-ST-ZIP: MARYVILLE, TN 37804
2.1 TITLE: D	2.2 NAME: AMBER KRUPACS 2.3 STREET ADDRESS: 5000 Clayton Rd. 2.4 CITY-ST-ZIP: MARYVILLE, TN 37804
3.1 TITLE: D	3.2 NAME: Allen Morgan 3.3 STREET ADDRESS: 5000 Clayton Rd. 3.4 CITY-ST-ZIP: MARYVILLE, TN 37804
4.1 TITLE:	4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:
5.1 TITLE:	5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:
6.1 TITLE: S	6.2 NAME: KEITH Green 6.3 STREET ADDRESS: 5000 Clayton Rd. 6.4 CITY-ST-ZIP: MARYVILLE, TN 37804

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 3-25-99 DAYTIME PHONE #: (423) 380-3000

CR2E034 (11/98)