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

APPROVED AND FILED

95 MAY -1 AM 7:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000024914 (1)

1. Corporate Name

KARIN'S MOBILE HOMES, INC.

Principal Place of Business	Mailing Address
5413 RIDGEWOOD AVENUE PORT ORANGE FL 32127	5413 RIDGEWOOD AVENUE PORT ORANGE FL 32127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 03/28/1994

3a. Date of Last Report:

2. Principal Place of Business — 21 / Suite Apt. # — 22 / City & State — 23 / Zip — 24 / County — 25

2a. Mailing Address — 26 / Suite Apt. # — 27 / City & State — 28 / Zip — 29 / County — 30

4. FEI Number: 65-0486256 ☐ 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. The corporation has liability for unemployment tax under s. 443.036, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

GALIEN, KARIN
5413 RIDGEWOOD AVENUE
PORT ORANGE FL 32127

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 Section 607.0505 and 607.1508, Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS IN 12	
12 Title	PSTD	13 Title	☐ Change ☐ Addition
12 Name	GALIEN, KARIN	13 Name	
12 Street Address	C/O 5413 RIDGEWOOD AVENUE	13 Street Address	
12 City-St-Zip	PORT ORANGE FL 32127	13 City-St-Zip	
12 Title		14 Title	☐ Change ☐ Addition
12 Name		14 Name	
12 Street Address		14 Street Address	
12 City-St-Zip		14 City-St-Zip	
12 Title		15 Title	☐ Change ☐ Addition
12 Name		15 Name	
12 Street Address		15 Street Address	
12 City-St-Zip		15 City-St-Zip	
12 Title		16 Title	☐ Change ☐ Addition
12 Name		16 Name	
12 Street Address		16 Street Address	
12 City-St-Zip		16 City-St-Zip	
12 Title		17 Title	☐ Change ☐ Addition
12 Name		17 Name	
12 Street Address		17 Street Address	
12 City-St-Zip		17 City-St-Zip	
12 Title		18 Title	☐ Change ☐ Addition
12 Name		18 Name	
12 Street Address		18 Street Address	
12 City-St-Zip		18 City-St-Zip	

14. I/We hereby certify that the information supplied with this filing is accurate 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 report or supplemental 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 1, 12 or Block 14 if changed, or on an attachment with an address.

SIGNATURE: Karin Galien

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

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