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 APR 28 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000026454 (6)

1. Corporation Name
H & J MOBILE HOME TRANSPORT, INC.

Principal Place of Business	Mailing Address
7500 SW 10TH ST OCALA FL 34475	7500 SW 10TH ST OCALA FL 34475

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/01/1994

2. Principal Place of Business 21 7500 SW 10th St	2a. Mailing Address 26 7500 SW 10th St.	4. FEI Number 59-3234792	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired [X]	$8.75 Additional Fee Required
City & State 23 Ocala, Florida	City & State 28 Ocala, FL	6. Election Campaign Financing Trust Fund Contribution [ ]	$5.00 May Be Added to Fees
Zip 24 34479	Country 25	Zip 29 34474	Country 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MIERES, JULIA B 7500 SW 10TH ST OCALA FL 34475	81 Name: Mieres, Julia B 82 Street Address (P.O. Box Number is Not Acceptable): 7500 SW 10th St 83 84 City: Ocala FL 85 Zip Code: 34474

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: Julia B. Mieres (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4-7-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	[X] Change [ ] Addition
NAME	MIERES, HECTOR L	12 NAME		
STREET ADDRESS	7500 SW 10TH ST	13 STREET ADDRESS		
CITY ST ZIP	OCALA FL 34475	14 CITY ST ZIP	Mieres, Hector L 7500 SW 10th St Ocala, FL 34474	
TITLE	D	21 TITLE	D	[X] Change [ ] Addition
NAME	MIERES, JULIA B	22 NAME		
STREET ADDRESS	7500 SW 10TH ST	23 STREET ADDRESS		
CITY ST ZIP	OCALA FL 34475	24 CITY ST ZIP	Mieres, Julia B 7500 SW 10th St Ocala, FL 34474	
TITLE		31 TITLE		[ ] Change [ ] Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		[ ] Change [ ] Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		[ ] Change [ ] Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		[ ] Change [ ] Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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: Julia B. Mieres 4-7-95 904-237-8626
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0351668 CP