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 # P95000087701 (5)

FRANKLYN MANUFACTURED HOUSING, INC.

Principal Place of Business Maiting Address

FILED Mar 04 1998 8:00am Secretary of State



1507 FLORIDA BLVD BRADENTON FL 34207 US		1507 FLORIDA BLVD BRADENTON FL 34207 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/13/1995				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ap	oplied For	
21		26				65-0629566		No	ot Applicable	
Suite, Apt. 6		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		Crty & State	28			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country	Zip	├	Country		8. This corporation owes or has pa				
24	9. Name and Address of Curre	29	[30]			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
004		nt Registered Agent		I Nan	ne	10. Name and Address of New Re	Aleres en	Agent		
SCHOFIELD, P. ALLEN				1,10						
	9 60TH AVE W		82 Street Addre			ss (P.O. Box Number is Not Accepted	ole)			
SUITE 300			8	3						
DIV	ADENTON FL 34207		Ľ						į	
			8	4 City			FL	85 Zip (Code	
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 Signature, typed or printed name of registered spent and thin if applicable (NOTE: Registered Agent signature required when reinstating)										
12.	Signature, typed or printed name of registered au	est and title if applicable (NO ID DIRECTORS	TE: Registered A	gent signs	iture required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	D DIRECTOR	S IN 12	
TITLE	DP OFFICERS AN	DELETE DELETE	1.1 TITLE			ADDITIONS/CHANGES TO OFFI	JENS AIN	Change	Addition	
NAME	BALON, JOHN J	المامان المامان	1.2 NAM							
STREET ADDRESS	1507 FLORIDA BLVD			Et addres	ec					
	BRADENTON FL 34207		1.4 CITY		"					
CITY-ST-ZIP TITLE	DVST	DELETE	2.1 TITLE		+			Change	Addition	
NAME	BALON, EVELYN C		2.2 NAM					- •		
STREET ADDRESS	1507 FLORIDA BLVD		2.3 STRE	ET ADDRES	ss					
CITY-ST-ZIP			2. 4 CITY		~	.ca Maj	500			
TITLE		DELETE	3.1 TITLE		\top	•		Change	☐ Addition	
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CITY-ST-ZIP			3.4. CITY	-ST-ZIP					- 1	
TITLE		DELETE	4.1 TITLE					Change	Addition	
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CITY-ST-ZIP			4.4 City	ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE		Ī			Change	Addition	
NAME			5.2 NAM	:						
STREET ADDRESS			5.3 STRE	ET ADDRES	ss					
CITY-ST-ZIP			5.4 CITY					——————————————————————————————————————		
TITLE		☐ DELETE	6.1 TITLE					☐ Change	Addition	
NAME			6.2 NAM	-						
STREET ADDRESS				ET ADDRES	×s				1	
CITY-ST-ZIP		the state filling above and all the	6.4 CITY		totad is a	notion 110 07/9/6). Florida Chat. 1-1	furth	artific that the	Information	
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.										