


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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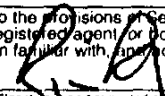
DOCUMENT # P97000049491 (8)

1. Corporation Name
J & J MOBILEHOME SALES, INC.



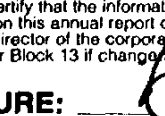
Principal Place of Business 5240 S SUNCOAST BLVD HOMASASSA FL 32024	Mailing Address 5240 S SUNCOAST BLVD HOMASASSA FL 32024
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/02/1997	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-3440929	Applied For <input type="checkbox"/> Not Applicable
23 Zip 34446	25 Country	29 Zip 34446	30 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent GRAHAM, ELIZABETH J 5240 S SUNCOAST BLVD HOMASASSA FL 32024				10. Name and Address of New Registered Agent	
				81 Name Roy M. Routh	
				82 Street Address (P.O. Box Number is Not Acceptable) 5240 S. Suncoast Blvd.	
				83 Homosassa	
				84 City FL	85 Zip Code 34446
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 for 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 				Roy M. Routh, President DATE 04/27/98	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GRAHAM, ELIZABETH J		1.2 NAME Roy M. Routh	
STREET ADDRESS 5240 S SUNCOAST BLVD		1.3 STREET ADDRESS 5240 S. Suncoast Blvd.	
CITY-ST-ZIP HOMASASSA FL 32024		1.4 CITY-ST-ZIP Homosassa, FL 34446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE VP, Secy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME James B. Graham	
STREET ADDRESS		2.3 STREET ADDRESS 5240 S. Suncoast Blvd.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Homosassa, FL 34446	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:  DATE: **04/27/98** DAYTIME PHONE #: **352-628-0041**

CR2034 (10/97)