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**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT #

1. Corporation Name



P98000032284

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 10, 1999 8:00 am Secretary of State

05-10-1999 90072 027 \*\*\*150.00

FLEETWOOD RETAIL CORP. OF FLORIDA Principal Place of Business Mailing Address POST OFFICE BOX 7638 3125 MYERS STREET RIVERSIDE CA 92513-7638 **RIVERSIDE CA 92513-7638** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/08/1998 2a. Mailing Address FEI Number Applied For 2. Principal Place of Business 58-2 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** 83 Zip Code 84 85 City 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 agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Addition □ D€LETE 1.1 TITLE Change TITLE Barry D. Blanton Three Rivering Suite 555 Houston, TX T10510 KUMMER, GLENN F 12 NAME NAME P.O. BOX 7638 1.3 STREET ADDRESS STREET ADDRESS **RIVERSIDE CA 92513-7638** 1.4 CITY-ST-ZJF CITY-ST-ZIF Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE 22 NAME NAME POTTER, NELSON W P.O. BOX 7638 2.3 STREET ADDRESS STREET ADDRESS RIVERSIDE CA 92513-7638 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE TITLE 3.1 TITLE BINGHAM, PAUL M 3.2 NAME NAME P.O. BOX 7638 3.3 STREET ADDRESS STREET ADDRESS **RIVERSIDE CA 92513-7638** 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE VSD 4.2 NAME NAME LEAR, WILLIAM H 4.3 STREET ADDRESS STREET ADDRESS P.O. BOX 7638 RIVERSIDE CA 92513-7638 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME SMITH, MALLORY S NAME 5.3 STREET ADDRESS P.O. BOX 7638 STREET ADDRESS 5.4 CITY-ST-ZIP **RIVERSIDE CA 92513-7638** CITY-ST-ZIP Change Addition 6.1 TITLE ☐ DELETE TITLE 6.2 NAME POLLIS, JOHN G NAME 6.3 STREET ADDRESS P.O. BOX 7638 STREET ADDRESS 6.4 CITY-ST-ZIP RIVERSIDE CA 92513-7638 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 suppliemental 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.

(11/98)CR2E034