

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS**

**APPROVED  
AND  
FILED**

**DOCUMENT # 206119 (0)**

1. Corporation Name

**MANUFACTURED HOUSING PRODUCTS COMPANY, INC.**

95 MAY -1 PM 2:42

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business  
**1350 SNELL ISLE BLVD NE  
ST PETERSBURG FL 33704**

Mailing Address  
**C/O S.P. FLUHARTY  
2416 WATROUS AVENUE  
TAMPA FL 33629  
US**

3. Date Incorporated or Qualified  
**09/23/1957**

3a. Date of Last Report  
**04/18/1994**

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip Country  
**24**

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip Country  
**29**

4. FEI Number  
**59-0810273**

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. This corporation has liability for intangible tax under S. 193.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
**FLUHARTY, STEPHEN P.  
2416 WATROUS AVE.  
TAMPA FL 33629**

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 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 607.0509, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                | STREET ADDRESS           | CITY - ST - ZIP  |
|-------|---------------------|--------------------------|------------------|
| D     | DE BRIGARD, WILLIAM | 1000 N SHORE DR NE #5    | ST PETERSBURG FL |
| TD    | DE BRIGARD, ANNIS   | 1000 N SHORE DR NE #5    | ST PETERSBURG FL |
| VSD   | REGAN, SUSAN F      | 1350 SNELL ISLE BLVD, NE | ST PETERSBURG FL |
| CD    | FLUHARTY, STEPHEN   | 2416 WATROUS AVENUE      | TAMPA FL         |
|       |                     |                          |                  |
|       |                     |                          |                  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change | Addition |
|-----------|----------|--------------------|---------------------|--------|----------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | Change | Addition |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | Change | Addition |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | Change | Addition |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | Change | Addition |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | Change | Addition |

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)(k), 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:

*Annis de Brigard*  
**ANNIS DE BRIGARD, DIRECTOR**

**4-25-95** **813 896 2562**