SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 DOCUMENT # (9)215124 ST JOHNS MOBILE HOMES INC Mailing Address Principal Place of Business 3161 RIVER RD N 3161 RIVER RD N GREEN COVE SPRGS FL 32043 **GREEN COVE SPRGS FL 32043** 3a. Date of Last Report 3. Date Incorporated or Qualified 05/31/1995 09/01/1958 Applied For EEL Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-1311828 \$8.75 Additional 21 Suite, Apt. #, etc. 5. Certificate of Status Desired Suite Apt #, etc Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199.032 23 Country Zip] Yes [] No Zip Florida Statules 30 29 25 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name BLACKMON, H.L. Street Address (P.O. Box Number is Not Acceptable) 82 3161 RIVER RD N **GREEN COVE SPRINGS FL 32043** 83 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-hamed 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. (NOTE: Registered Agent signature registed wher recistating) SIGNATURE Signature, typed or printed tivelle of respetitived agential of the it application ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) OFFICERS AND DIRECTORS 13. Change Addition 12. 1.1 TITLE DELETE CR2E034 TITLE 1.2 NAME BLACKMON, DOROTHY O NAME 13 STREET ADDRESS 3161 RIVER RD N STREET ADDRESS 1.4 CHTY - ST - ZIP GREEN COVE SPRGS, F00000 Change Addition CITY - ST - ZIP DELETE 2.1 DILE TITLE 2.2 NAME BLACKMON, H.L. NAME 2.3 STREET ADDRESS 3161 RIVER RD N STREET ADDRESS 2 4 CITY - ST - ZIP **GREEN COVE SPRGS, F00000** Change Addition CITY - ST - ZIP DELETE 3 I TITLE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 34 CITY-ST-ZIP Change Addition CITY - ST-ZIP DELETE 41111.6 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP Change Addition CITY - ST - ZIF DELETE 51 THLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CIEY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 1 further certify that the information and cated 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 ari an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 shanged, or open attachment with an address

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 2

6-26-96 (904) 284-3333