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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 262887

(3)

1. Corporation Name

SIL'S MOBILE HOMES, INC.

Principal Place of Business

**1023 N TYNDALL PKWY
P.O. BOX 6084
PANAMA CITY FL 32404**

Mailing Address

**1023 N TYNDALL PKWY
P.O. BOX 6084
PANAMA CITY FL 32404**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/20/1962

3a. Date of Last Report

04/26/1994

4. FEI Number

59-1001246

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

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

30

9. Name and Address of Current Registered Agent

**ZIMMERMAN, SILVEN
1023 N TYNDALL PKWY
PANAMA CITY FL 32404-7084**

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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 agent and title if applicable.

NOTE: Registered Agent signature required when reappointing.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	ZIMMERMAN, SILVEN
STREET ADDRESS	5416 HARVEY ST.
CITY - ST - ZIP	PANAMA CITY FL
TITLE	STD
NAME	ZIMMERMAN, BEVERLY
STREET ADDRESS	5416 HARVEY ST.
CITY - ST - ZIP	PANAMA CITY FL
TITLE	D
NAME	ZIMMERMAN, PAUL
STREET ADDRESS	5121 E 11TH CT
CITY - ST - ZIP	PANAMA CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

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

SILVEN ZIMMERMAN - PRES.

904 785 4671

Date

Daytime Phone