FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
'95 APR 17 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **274467** **(0)**

1. Corporation Name
SOUTHEASTERN MOBILE HOMES, INC.

Principal Place of Business	Mailing Address
150 NW 68TH ST. FT LAUDERDALE FL 33309	150 NW 68TH ST. FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/08/1963	3a. Date of Last Report: 01/18/1994
4. FEI Number: 59-1061166	☐ 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. 199.032, Florida Statutes* ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COX,FRANK JR.,
150 NW 68TH ST.
FORT LAUDERDALE FL

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	1.1 TITLE	S/D	☐ Change ☐ Addition
NAME	BATES, SALLYE O.	1.2 NAME		
STREET ADDRESS	150 NW 68TH ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP		
TITLE	TD	2.1 TITLE	T	☐ Change ☐ Addition
NAME	COX, PEGGY J.	2.2 NAME		
STREET ADDRESS	150 NW 68TH ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	COX, FRANK W JR.,	3.2 NAME		
STREET ADDRESS	150 NW 68TH ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL	3.4 CITY-ST-ZIP		
TITLE	VP	4.1 TITLE	VP/D	☐ Change ☐ Addition
NAME	COX, ANNE O.	4.2 NAME		
STREET ADDRESS	150 NW 68TH ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL	4.4 CITY-ST-ZIP		
TITLE	AS	5.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, SHERI	5.2 NAME		
STREET ADDRESS	150 NW 68TH ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	D	☐ Change ☐ Addition
NAME		6.2 NAME	Weaver, Leah O.	
STREET ADDRESS		6.3 STREET ADDRESS	8875 S.W. Avery St.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Tualatin OR 97062	

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)(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: Frank W. Cox 4-12-95 3057726363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0816000 CP