

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 279947

1. Corporation Name

PALM HARBOR HOMES, INC.

Principal Place of Business

15303 DALLAS PARKWAY
SUITE 800
DALLAS TX 75248

Mailing Address

15303 DALLAS PARKWAY
SUITE 800
DALLAS TX 75248

2. Principal Place of Business

21 15303 Dallas Parkway
Suite, Apt. #, etc.

2a. Mailing Address

26 15303 Dallas Parkway
Suite, Apt. #, etc.

22 Suite 800

27 Suite 800

City & State

City & State

23 Dallas, TX

28 Dallas, TX

Zip

Country

24 75001

25 US

Zip

Country

29 75001

30 US

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

03/30/1964

4. FEI Number

59-1036634

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 owes the current year Intangible
Personal Property Tax.



Yes

No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | C | <input type="checkbox"/> DELETE |
| NAME | POSEY, LEE | |
| STREET ADDRESS | 17427 CLUB HILL DRIVE | |
| CITY-ST-ZIP | DALLAS TX 75248 | |
| TITLE | PCEO | <input type="checkbox"/> DELETE |
| NAME | KEENER, LARRY | |
| STREET ADDRESS | 1804 KINGS ISLE | |
| CITY-ST-ZIP | PLANO TX 75093 | |
| TITLE | EVP | <input type="checkbox"/> DELETE |
| NAME | CHANEY, SCOTT | |
| STREET ADDRESS | 5912 ROYAL PALM DRIVE | |
| CITY-ST-ZIP | PLANO TX 75093 | |
| TITLE | SCFO | <input type="checkbox"/> DELETE |
| NAME | TACKE, KELLY | |
| STREET ADDRESS | 4943 SANDESTIN | |
| CITY-ST-ZIP | DALLAS TX 75287 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | MARTIN, SCOTT | |
| STREET ADDRESS | 17200 WESTGROVE, #2216 | |
| CITY-ST-ZIP | DALLAS TX 75248 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | THOMAS, WILLIAM R | |
| STREET ADDRESS | 7418 OVERDALE DRIVE | |
| CITY-ST-ZIP | DALLAS TX 75240 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---|---|
| 1.1 TITLE | C | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90090 011 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)