

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **310818 (0)**  
1. Corporation Name  
**CENTURY MOBILE HOMES, INC.**



Principal Place of Business: **2625 U.S. 98 NORTH LAKELAND FL 33805**  
Mailing Address: **2625 U.S. 98 NORTH LAKELAND FL 33805**

3. Date Incorporated or Qualified: **11/09/1966**  
3a. Date of Last Report: **03/27/1995**

21	2a	4	5	6	8
Principal Place of Business	Mailing Address	FEI Number	Certificate of Status Desired	Election Campaign Financing Trust Fund Contribution	This corporation has liability for intangible tax under s. 199.032, Florida Statutes
2625 U.S. 98 NORTH LAKELAND FL 33805	2625 U.S. 98 NORTH LAKELAND FL 33805	59-1151958	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
22	27	Applied For			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Not Applicable			
23	28	<b>\$8.75 Additional Fee Required</b>			
City & State	City & State	<b>\$5.00 May Be Added to Fees</b>			
24	29	30			
Zip	Country	Zip	Country		
	25		30		

**9. Name and Address of Current Registered Agent**

**DAVIS, A.J.  
2625 U.S. 98 NORTH  
LAKELAND FL 33805**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P DAVIS, A.J.</b>	1.2 NAME	
STREET ADDRESS	<b>206 LAKE GIBSON LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S DAVIS, JANET</b>	2.2 NAME	
STREET ADDRESS	<b>206 LAKE GIBSON LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V HOLADAY, KEVIN L.</b>	3.2 NAME	
STREET ADDRESS	<b>206 LAKE GIBSON LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T HEIMRICH, LISA K.</b>	4.2 NAME	
STREET ADDRESS	<b>3520 VALLEY FARM ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Lisa K. Heimrich* **Lisa K. Heimrich** 2/14/96 941-688-6007  
Date Daytime Phone #

CR2E034 (12/95)