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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 310818

(0)

CENTURY MOBILE HOMES, INC.

2625 U.S. 98 NORTH	2625 U.S. 98 NORTH			
Lakeland FL 33805	LAKELAND FL 33805-2414			
Principal Place of Business	Mailing Address			

FILED Feb 12 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 2625 U.S. 98 NORTH 2625 U.S. 98 NORTH LAKELAND FL 33805 LAKELAND FL 33805-2414								
					3. Date incorporated or Qualified 11/09/1966		te of Last 0/1996	
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			59-1151958			Not Applicat
Suite, Ap	t #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required
City & Sta	ate	City & State			6. Election Campaign Financing	_	\$5.0	May Be
23	······································	28		,	Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip	Cour	try	6. This corporation has liability for			r s. 199.032,
24	25	29	30			Yes [
	9. Name and Address of Curre	nt Hegistered Agent		81 Name	10. Name and Address of New R	egistered A	gent	
	MS, A.J.		[B1 Name				
	25 U.S. 98 NORTH		ļ.	32 Street Add	dress (P.O. Box Number is Not Accepta	ble)		
LAI	KELAND FL 33805					····		
			Į,	83				
			<u> </u>	B4 City			85 Zi	ip Code
				- 1 J,		FL		p 0000
12.		ID DIRECTORS	13.	Agent signature req	juired when reinstating) ADDITIONS/CHANGES TO OFFI			
TITLE	P	DELETE	1.1 7)1)	.E			Change	e Addit
NAME	DAVIS, A.J.		1.2 NA	AE				
STREET ADDRESS	s 206 LAKE GIBSON LANE		1.3 STF	EET ADDRESS				
CHY-ST-ZIP	LAKELAND FL		1.4 CIT	Y-ST-ZIP				
TOLE	8	DELETE	2.1 [1]	E			Change	e 🔲 Addit
NAME	DAVIS, JANET		2.2 NAI	ME)				
STREET ADORESS	s 206 LAKE GIBSON LANE		2.3 \$ TF	EET ADDRESS				
CITY-SI-ZIP	LAKELAND FL		2 4 CI	Y-ST-ZIP				
TITLE	V	☐ DELETE	3.1 TIT				☐ Chang	e 🔲 Addir
NAME	HOLADAY, KEVIN L.		3.2 NA	ME				
STREET ADDRESS			3.3 STF	EET ADDRESS				
CITY+ST-ZIP	LAKELAND FL		3.4. CI	Y-ST-ZIP				
TITLE	T	DELETE	4.1 TiT	E			Chang	e 🔲 Addii
NAME	HEIMRICH, LISA K.		4. 2 NA	ME				
STREET ADDRESS			4.3 STF	REET ADDRESS				
CITY - ST - ZIP	LAKELAND FL		4.4 CIT	Y-ST-21P				
TITLE		☐ DELETE	5 1 111	.E			Chang	je 🔲 Addi
NAME			5 2 NA	ME				
STREET ADDRESS	s		53518	EET ADDRESS				
CHY-ST-7F			5.4 CIT	Y-ST-ZIP				
TITLE		DELETE	6.1 TIT	.E			Chang	je 🔲 Addii
NAME			6.2 NA	ME				
STREET ADDRESS	s		6.3 \$78	REET ADDRESS				
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP				

14. I do hereby certify that the information supplied with this filling 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:

941-688-6007