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 FEB 28 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 317734 (2)

1. Corporation Name
JOHNNY'S MOBILE HOME CORP.

Principal Place of Business	Mailing Address
209 E LINEBAUGH AVE. TAMPA FL 33612	~~209 E LINEBAUGH AVE.~~ ~~TAMPA FL 33612~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/12/1967**
3a. Date of Last Report: **01/21/1994**
4. FEI Number: **59-1216916** ☐ 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 PO BOX 17418
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 TAMPA FL
Zip 24 / Country 25	Zip 29 33682 / Country 30 HILLSBOROUGH

9. Name and Address of Current Registered Agent

FUENTES, LAWRENCE E ESQ.
1407 W. BUSCH BLVD.
TAMPA FL 33612

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	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	FOGARTY,JOHN H	1.2 NAME	MARY K. HAIRE
STREET ADDRESS	7813 COLLEY ROAD	1.3 STREET ADDRESS	PO BOX 17418 N/A
CITY-ST-ZIP	ODESSA FL	1.4 CITY-ST-ZIP	TAMPA, FL 33682
TITLE	SD	2.1 TITLE	☒ Change ☐ Addition
NAME	LAW, RHEA F	2.2 NAME	ERNEST B. HAIRE, III
STREET ADDRESS	7813 COLLEY ROAD	2.3 STREET ADDRESS	PO BOX 17418 N/A
CITY-ST-ZIP	ODESSA FL	2.4 CITY-ST-ZIP	TAMPA, FL 33682
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	JONES, ANDREA L	3.2 NAME	
STREET ADDRESS	7813 COLLEY ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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)(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: MARY K. HAIRE 2-17-95 (813)933-6571 EXT 103
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

000430 CP