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 MAY -1 AM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 354162 (0)

1. Corporation Name
READING SKILLS CENTER INC

Principal Place of Business: 830 S. STATE RD. 7, PLANTATION FL 33317

Mailing Address: 830 S. STATE RD. 7, PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1969
3a. Date of Last Report: 04/25/1994
4. FEI Number: NOT APPLICABLE — 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 [X] Yes [ ] No

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

9. Name and Address of Current Registered Agent

ALLISON, RICHARD D.
830 S. STATE RD. 7
PLANTATION FL 33317

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALLISON,RICHARD
STREET ADDRESS	830 S. STATE RD. 7
CITY-ST-ZIP	PLANTATION FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — [ ] Change [ ] Addition

14. I 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: Richard D. Allison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD D ALLISON

3/7/95 305-583-1909
Date / Phone

0227012 CP

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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

FLORIDA

DOCUMENT # 356090 (1)

1. Corporation Name
FLEETWOOD HOMES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O FLEETWOOD ENTERPRISES INC 3125 MYERS ST. PO BOX 7638 RIVERSIDE CA 92513-7638 US	C/O FLEETWOOD ENTERPRISES INC 3125 MYERS ST. PO BOX 7638 RIVERSIDE CA 92513-7638 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1969
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1295435 — 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 — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25
2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS

Field	
TITLE	TAS
NAME	LARKIN, LYLE N.
STREET ADDRESS	3125 MYERS ST. BOX 7638
CITY-ST-ZIP	RIVERSIDE, CA 00000
TITLE	P
NAME	KUMMER, GLENN F
STREET ADDRESS	3125 MYERS ST. BOX 7638
CITY-ST-ZIP	RIVERSIDE, CA 00000
TITLE	VS
NAME	LEAR, WILLIAM H
STREET ADDRESS	3125 MYERS ST. BOX 7638
CITY-ST-ZIP	RIVERSIDE, CA 00000
TITLE	C
NAME	CREAN, JOHN C
STREET ADDRESS	3125 MYERS ST. BOX 7638
CITY-ST-ZIP	RIVERSIDE, CA 00000
TITLE	VC
NAME	WEIDE, WILLIAM W
STREET ADDRESS	3125 MYERS ST. BOX 7638
CITY-ST-ZIP	RIVERSIDE, CA 00000
TITLE	CV
NAME	BINGHAM, PAUL M
STREET ADDRESS	3125 MYERS ST. BOX 7638
CITY-ST-ZIP	RIVERSIDE, CA 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP — ☐ Change ☐ Addition
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP — ☐ Change ☐ Addition
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP — ☐ Change ☐ Addition
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP — ☐ Change ☐ Addition
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP — ☐ Change ☐ Addition
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP — ☐ Change ☐ Addition

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: [signature] LYLE N LARKIN 4-10-95 909/351-3797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0461007 FN

356090

OFFICERS AND DIRECTORS OF

FLEETWOOD HOMES OF FLORIDA, INC.

John C. Crean	Chairman of the Board and Chief Executive Officer
William W. Weide	Vice Chairman of the Board
Dale T. Skinner	Director
Glenn F. Kummer	President, Chief Operating Officer and Director
Paul M. Bingham	Financial Vice President and Assistant Secretary
Jon A. Nord	Senior Vice President - Housing Group
Elden L. Smith	Senior Vice President - RV Group
Lawrence F. Pittroff	Senior Vice President
William H. Lear	Vice President - General Counsel and Secretary
Robert W. Graham	Vice President - Administration and Human Resources
Mallory S. Smith	Vice President - Operations, Housing Group
Lyle N. Larkin	Treasurer and Asst. Secretary
Jerry L. Hewitt	Vice President - Quality

ALL CORRESPONDENCE DIRECTED TO ANY OF THE ABOVE SHOULD BE ADDRESSED AS FOLLOWS:

3125 Myers Street
P.O. Box 7638
Riverside, CA 92513-7638

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

DOCUMENT # **356675** **(9)**

1. Corporation Name
SEA-EST INCORPORATED

Principal Place of Business:
1741 W. BEAVER STREET
BOX 41430
JACKSONVILLE FL 32203

Mailing Address:
1741 W. BEAVER STREET
BOX 41430
JACKSONVILLE FL 32203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1969
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1287530 — 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 quality for exemption under F.S. 193.062, Florida Statutes ☑ Yes ☐ No — INCLUDED IN CONSOLIDATED #59 — 0737364

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

9. Name and Address of Current Registered Agent
FRISCH, ALFRED
1741 W BEAVER ST
JACKSONVILLE FL 32209

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

12. OFFICERS AND DIRECTORS

Field	12. Officers and Directors	13. Additions/Changes to Officers and Directors
TITLE	DP	☐ Change ☐ Addition
NAME	FRISCH, ALFRED	
STREET ADDRESS	1741 W. BEAVER STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	~~AST~~	D AS AT V ☑ Change ☐ Addition
NAME	FRISCH, HANS	
STREET ADDRESS	1741 W. BEAVER STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	~~DVS~~	D V S T ☑ Change ☐ Addition
NAME	FRISCH, BENJAMIN	
STREET ADDRESS	1741 W. BEAVER STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	☐ Change ☐ Addition
NAME	FRISCH, E. KARL	
STREET ADDRESS	1741 W. BEAVER STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I 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 the 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: [signature] HANS FRISCH — 4/24/95 — (904) 354-8533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0022346 CP