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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

CAROUSEL MOBILE HOMES INC

Mailing Addrose

FILED May 15 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address				
5836 PHILLIPS HIGHWAY JACKBONVILLE FL 32216		5936 PHILLIPS HIGHWAY				
		JACKSONVILLE FL 3221	16			
					DO NOT WRITE IN TI	HIS SPACE
					3, Date Incorporated or Qualified	
9 Principal P	lace of Business	2a. Mailing Address			10/22/1969 4. FEI Number	
21		26 Milling 7.001688			1 ··	Applied For
Suite, Apt. #, etc.		Suite, Apt #, etc.		59-1276831	Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Cour	itry	8. This corporation owes or has paid the	
24	25	29 30			Personal Property Tax due June 30. X Yes No	
	g. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registe	red Agent
FRE	eedman, Norman P., Esquire		1	Name		
525 N. NEWNAN ST.				32 Street Ad	dress (P.O. Box Number is Not Acceptable)	
JAC	CKSONVILLE FL 32202		ľ	otroot Ad	oross (1.0. box Number is Not Acceptable)	
			[7	33		
			ŀ.	B4 City		loc Zin Codo
			['	City	i	EL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050:	2 and 607.1508. Florida Statu	tes, the ab	ove-named co	rnoration submits this statement for the nurnos	ee of changing its registered
agent. La	egistere e agent, or both, in the State m fami liar with, and accept the obliga	of Florida. Such change was itions of, Section 607,0505, F	authorized Iorida Statu	by the corporates.	ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE						
SIGNATORE	Signature, typical or printed name of registered ager	nt mod fille if applicable (NO	TE Registered	Agent signaturo req	uired when reinstaling) DAI	TE .
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 Trtl	£		☐ Change ☐ Addition
NAME	SL UDER, MARILYN B		1.2 NAN	ME.		
STREET ADDRESS	1827 HAZELHURST DRIVE		1.3 STR	EE1 ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000		1.4 CITY	'-ST-ZIP		
TITLE		DELETE	2.1 TITE	E		Change Addition
NAME			2.2 NAN	IE		
STREET ADDRESS			2.3 STR	EET ADDRESS		
CITY-ST-ZIP			2 4 CIT	Y-ST-ZIP		
TITLE	☐ DELETE		3.1 TITL	E		Change Addition
NAME			3.2 NAN	l£		į
STREET ADDRESS			3.3 STR	EET ADDRESS		
CITY-ST-ZIP			_3.4. CIT	Y - ST - ZIP		
TITLE		DELETE	4.1 T(TL	E		Change Addition
NAME			4. 2 NAN	AE		
STREET ADDRESS			4.3 S1R	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	- S1 - ZIP		
TITLE		DELETE	5.1 TITL			Change Addition
NAME			5.2 NAM	F		
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 DITY	- ST - ZIP		
TITLE		DELETE	6.1 TITL			☐ Change ☐ Addition
NAME			6.2 NAM	E		
STREET ADDRESS			6.3 STRE	ET ADDRESS		ļ
CITY-ST-ZIP			6.4 CITY	- S1 - ZIP	•	!
14. I hereby co	ertity that the information supplied wit	h this filing does not qualify f	or the even	ntion stated is	Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the information
officer or o	on tris annual report or supplemental	annual report is true and ac diver or trustee empow ered to	curate and :	ihai my sionati	ure shall have the same legal effect as if made quired by Chapter 607, Florida Statutes; and the	under eath: that I am an