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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 356090

1. Corporation Name

Principal Place of Business

FLEETWOOD HOMES OF FLORIDA, INC.

FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90033 032 ***150.00



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 Qualifed 12/01/1969			
2 Principal Di	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26		59-1295435	59-1295435 Not Ap		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\$8.75 Ad		5 Additional	
22		27		5. Certificate of Status Desired Fee Required		Required	
City & State)	City & State			6. Election Campaign Financing	\$5.0	00 May Be
23		28			Trust Fund Contribution	Add	ed to Fees
Zip	,		Country		8. This corporation owes the current year Intangible		(52)
24	25 29 30		<u> </u>		Personal Property Tax. Yes No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
07.0	ODDODATION SYSTEM		81	Name			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			82	82 Street Address (P.O. Box Number is Not Acceptable)			
PLAN	ITATION FL 33324		83)
			84	City	FI	85 2	Zip Code
		1007.4500.51.11.01.11	Aba eta		• •	changing	its registered
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIREC	CTORS IN 12
TITLE	TAS	☐ DELETE	1.1 TITLE		V/T/AS	K Char	nge [] Addition
NAME	LARKIN, LYLE N.		1.2 NAME				ľ
STREET ADDRESS	3125 MYERS ST. BOX 7638		1.3 STREET	ADDRESS			
CITY-ST-ZIP	RIVERSIDE, CA 00000		1 4 CITY-S	T-ZIP	RIYERSINE CA 92513-7638		
TITLE	P	☐ DELETE	2.1 TITLE		C/CEO	K Char	nge 🔲 Addition
NAME	KUMMER, GLENN F		2.2 NAME				
STREET ADDRESS	3125 MYERS ST. BOX 7638		2.3 STREET	ADDRESS			
CITY-ST-ZIP	RIVERSIDE, CA 00000		2.4 CITY-S	T-ZIP	RIVERSIDE CA 92513-7638		
TITLE	VS	☐ DELETE	3.1 TITLE		V/51D	K Char	nge 🗌 Addition
NAME	LEAR, WILLIAM H		3.2 NAME				ĺ
STREET ADDRESS	3125 MYERS ST. BOX 7638		3.3 STREET	ADDRESS			
CITY+\$T-ZIP	RIVERSIDE, CA 00000		3.4. CITY-S	T-ZIP	RIVERSIDE CA 92513-7638		
TITLE	VAD	☐ DELETE	4.1 TITLE			Char	nge 🗌 Addition
NAME	BINGHAM, P M		4. 2 NAME				ĺ
STREET ADDRESS	3125 MYERS ST. BOX 7638		4.3 STREET	TADDRESS			
CITY-ST-ZIP	RIVERSIDE, CA 00000		4.4 CITY-S	T-ZIP	RIVERSIDE CA 92513-7638		
TITLE	CV	⊠ DELETE	5.1 TITLE		P / coo/D	Char	nge 🔀 Addition
NAME	BINGHAM, PAUL M		5.2 NAME		POTTER, NW		
STREET ADDRESS	3125 MYERS ST. BOX 7638		5.3 STREET	ADDRESS	3125 MYERS ST. BOX 7638		
CITY-ST-ZIP	RIVERSIDE, CA 00000		5.4 CITY-S	T-ZIP	RIVERSIDE CA 92513-7638		
TITLE	V	☐ DELETE	6.1 TITLE			Char	nge
NAME	LOTT, C E		62 NAME			•	
STREET ADDRESS	3125 MYERS ST		6.3 STREET	TADDRESS	3125 MYERS ST. BOX 7638		

14. I hereby certify that the information supplied with this filing 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, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

= iii

544964-9003332 #356090

OFFICERS AND DIRECTORS OF MANUFACTURED HOUSING SUBSIDIARIES OF FLEETWOOD ENTERPRISES, INC. (EASTERN REGION)

Glenn F. Kummer Nelson W. Potter Paul M. Bingham

Mallory S. Smith Richard E. Parks William H. Lear

Charles E. Lott Lyle N. Larkin Chairman of the Board and Chief Executive Officer President, Chief Operating Officer and Director Senior Vice President - Finance and Assistant Secretary and Director Senior Vice President Housing Group Senior Vice President - RV Group Senior Vice President - General Counsel and Secretary and Director Vice President - Eastern Region Treasurer and Asst. Secretary

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

P. O. BOX 7638 RIVERSIDE, CA 92513-7638