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

FILED
95 JAN 27 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 390342 (4)

1. Corporation Name
TRIPLE H MOBILE HOME SALES, INC.

Principal Place of Business	Mailing Address
770 S. LAKE SHORE WAY PO BOX 211 LAKE ALFRED FL 33850	770 S. LAKE SHORE WAY PO BOX 211 LAKE ALFRED FL 33850

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/27/1971
3a. Date of Last Report: 04/01/1994

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

4. FEI Number: 59-1367036 ☐ 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

9. Name and Address of Current Registered Agent

HALE, EVELYN R.
557 LAKE PANSY DR.
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name: HALE, RANDY V.
82 Street Address (P.O. Box Number is Not Acceptable): 675 E. THELMA ST.
83
84 City: LAKE ALFRED FL 85 Zip Code: 33850

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] RANDY V. HALE 1/23/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TSD	1.1 TITLE	P/D	☑ Change ☐ Addition
NAME	HALE, RANDY V	1.2 NAME	HALE, RANDY V	
STREET ADDRESS	675 E THELMA ST	1.3 STREET ADDRESS	675 E. THELMA ST.	
CITY-ST-ZIP	LAKE ALFRED FL	1.4 CITY-ST-ZIP	LAKE ALFRED, FL. 33850	
TITLE	PVD	2.1 TITLE	V/D	☑ Change ☐ Addition
NAME	HALE,EVELYN R	2.2 NAME	HALE, WILLIAM K	
STREET ADDRESS	557 LAKE PANSY DR.	2.3 STREET ADDRESS	557 LAKE PANSY DR.	
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	WINTER HAVEN FL. 33881	
TITLE		3.1 TITLE	T/S/D	☐ Change ☑ Addition
NAME		3.2 NAME	HALE, ELLA J.	
STREET ADDRESS		3.3 STREET ADDRESS	675 E. THELMA ST.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	LAKE ALFRED, FL. 33850	
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: [signature] RANDY V. HALE 1/23/95 P/S 958-4657
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

0448443 FP