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May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 390342 (4)  
1. Corporation Name  
TRIPLE H MOBILE HOME SALES, INC.



Principal Place of Business  
217 26TH STREET, SW  
PO BOX 211  
WINTER HAVEN FL 33880

Mailing Address  
217 26TH STREET, SW  
PO BOX 211  
WINTER HAVEN FL 33880-2434  
US

2. Principal Place of Business 21 217 26th Street SW Suite, Apt. #, etc.	2a. Mailing Address 26 217 26th Street SW Suite, Apt. #, etc.	3. Date Incorporated or Qualified 10/27/1971	3a. Date of Last Report 04/25/1996
22 City & State 23 Winter Haven, FL 33880 Zip Country	27 City & State 28 Winter Haven, FL 33880 Zip Country	4. FEI Number 59-1367036	Applied For Not Applicable
24	25	29	30

9. Name and Address of Current Registered Agent

HALE, RANDY V  
675 E THELMA ST  
LAKE ALFRED FL 33850

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

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	VP	1.1 TITLE	
NAME	HALE, RANDY V	1.2 NAME	
STREET ADDRESS	675 E THELMA ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE ALFRED FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	
NAME	HALE, WILLIAM K	2.2 NAME	
STREET ADDRESS	557 LAKE PANSY DR	2.3 STREET ADDRESS	217 26th Street SW
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	Winter Haven, FL
TITLE	TSD	3.1 TITLE	
NAME	HALE, ELLA J	3.2 NAME	
STREET ADDRESS	675 E THELMA ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE ALFRED FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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:

William K. HALE

4.30.97 941-299-7423

CR2E034 (9/96)