

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/28/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUL -3 AM 8:29

DOCUMENT # 399860 (6)

1. Corporation Name

MESSER MOBILE HOME SALES, INC.

Principal Place of Business

1055 NORTHWEST CAPITAL CIRCLE
 TALLAHASSEE FL 32304

Mailing Address

1055 NORTHWEST CAPITAL CIRCLE
 TALLAHASSEE FL 32304

DO NOT WRITE IN THIS SPACE

1. Date Incorporated or Qualified 04/24/1972	3a. Date of Last Report 04/14/1994
4. FEI Number 59-1391182	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Has the corporation been suspended or dissolved?	☐ \$5.00 May Be Added to Fees
8. This corporation has liability for delinquent fees under s. 190.052, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. 10040 W. Tennessee St	26. Rt 4 Box 389 B
22. Tallahassee FL	27. Tallahassee FL
23. 32-304	29. 32-304
24. Leon	30. Leon

9. Name and Address of Current Registered Agent

**MESSER, CRYSTAL
 1055 NORTHWEST CAPITAL CIRCLE
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
Rt 4 Box 389 B
 83. City & State
Tallahassee FL
 84. Zip Code
32304

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: *Crystal Messer* Date: **6/28/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL INFORMATION	
NAME	PSD MESSER, CRYSTAL	1. TITLE	☒ Change ☐ Addition
STREET ADDRESS	1055 N.W. CAPITAL CIR.	2. NAME	
CITY & STATE	TALLAHASSEE FL	3. STREET ADDRESS	Rt 4 Box 389 B
ZIP		4. CITY & STATE	Tallahassee, FL 32304
NAME		5. TITLE	☐ Change ☐ Addition
STREET ADDRESS		6. NAME	
CITY & STATE		7. STREET ADDRESS	
ZIP		8. CITY & STATE	
NAME		9. TITLE	☐ Change ☐ Addition
STREET ADDRESS		10. NAME	
CITY & STATE		11. STREET ADDRESS	
ZIP		12. CITY & STATE	
NAME		13. TITLE	☐ Change ☐ Addition
STREET ADDRESS		14. NAME	
CITY & STATE		15. STREET ADDRESS	
ZIP		16. CITY & STATE	
NAME		17. TITLE	☐ Change ☐ Addition
STREET ADDRESS		18. NAME	
CITY & STATE		19. STREET ADDRESS	
ZIP		20. CITY & STATE	

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)(b), Florida Statutes. I further certify that the information included 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. 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: *Crystal Messer* Date: **6/27/95** File No: **11901-570-0002**

CR2E034 (3/95)