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Mar 13 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 # 410403

(0)

1. Corporation Name
MOBILE HOME CITY, INC.



Principal Place of Business
101 MIRACLE STRIP PKWY. (MARY ESTHER. FL)
P. O. BOX 15150
PENSACOLA FL 32514

Mailing Address
101 MIRACLE STRIP PKWY. (MARY ESTHER. FL)
P. O. BOX 15150
PENSACOLA FL 32514-0150

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified
10/09/1972

3a. Date of Last Report
04/02/1996

4. FEI Number
59-1425666

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

10. Name and Address of New Registered Agent

BOLES, GEORGE W
101 MIRACLE STRIP PKWY.
MARY ESTHER FL 32569

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME ☐ DELETE

PD
BOLES, GEORGE W.
430 YORK STREET
GULF BREEZE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE NAME ☐ DELETE

SD
BOLES, ELIZABETH ANN
430 YORK STREET
GULF BREEZE FL

1.2 NAME ☐ Change ☐ Addition

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY - ST - ZIP

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY - ST - ZIP

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY - ST - ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY - ST - ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.5 TITLE ☐ Change ☐ Addition

3.6 NAME ☐ Change ☐ Addition

3.7 STREET ADDRESS ☐ Change ☐ Addition

3.8 CITY - ST - ZIP ☐ Change ☐ Addition

3.9 TITLE ☐ Change ☐ Addition

3.10 NAME ☐ Change ☐ Addition

3.11 STREET ADDRESS ☐ Change ☐ Addition

3.12 CITY - ST - ZIP ☐ Change ☐ Addition

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 *[Signature]* 2/24/97 18:27 (904) 243-4488

CR2E034 (9/96)