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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 439436

1. Corporation Name

CORBETT'S MOBILE HOME SUPPLY & SERVICE, INC

Principal Plac	e of Business	Mailing Address					ieli didii dieli bibi	(6 (8() 6(8 () 1 68 (
HWY 252		HWY 252						
RT 11 BOX 8 RT 11 BOX 8 LAKE CITY FL 32055 LAKE CITY FL 32055						DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualifed			
						11/06/1973		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21		26				59-1544083	N	lot Applicable
		Suite, Apt. #, etc.	Apt. #, etc.			5. Certifcate of Status Desired		Additional
22 27			City & State				Required	
23 28		h '	, a state			6. Election Campaign Financing Trust Fund Contribution	•	May Be
Zip Country		Zip Country		Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible				
24 25 29		29	30			Personal Property Tax.		
	9. Name and Address of Current	Registered Agent				10, Name and Address of New Register	red Agent	
1 MCF	NAVID TEDDY	•		81	Name			
MCDAVID, TERRY 128 N HERNANDO ST			•	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	E CITY FL 32055			83			<u> </u>	735
				84	City	F	=L 85 Zip	Code
						pration submits this statement for the purpose	of changing its	
office or n	egistered agent, or both, in the State of im familiar with, and accept the obligation	f Florida. Such change was a ons of, Section 607.0505, Flo	authorized orida Stati	i by the	e corporation	n's board of directors. I hereby accept the ap	ppointment as re	egistered
	•			utou.				
SIGNATURE	Signature, typed or printed name of registered agent		E: Registered		ignature required	when reinstating) DATE		· .
SIGNATURE	OFFICERS AND	DIRECTORS	Registered	Agent si	ignature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	
SIGNATURE 12. IITLE	OFFICERS AND		13.	Agent si	ignature required			
SIGNATURE 12. TITLE NAME	OFFICERS AND PD CORBETT, RONNIE	DIRECTORS	13. 1.1 TF	Agent si			AND DIRECT	
SIGNATURE 12. IITLE	OFFICERS AND PD CORBETT, RONNIE	DIRECTORS	13. 1.1 TR 1.2 NA 1.3 ST	Agent si	DORESS		AND DIRECT	
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS AND PD CORBETT, RONNIE RT 2 BOX 198	DIRECTORS	13. 1.1 TR 1.2 NA 1.3 ST	Agent si	DORESS		AND DIRECT	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PD CORBETT, RONNIE RT 2 BOX 198 LIVE OAK FL S PICKLES, DEBBIE CORBETT	DIRECTORS DELETE	13. 1.1 TF 1.2 NA 1.3 ST 1.4 CF	Agent si	DORESS		AND DIRECTO	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND PD CORBETT, RONNIE RT 2 BOX 198 LIVE OAK FL S PICKLES, DEBBIE CORBETT RTE. 2, BOX 21203	DIRECTORS DELETE	13. 1.1 TF 1.2 NA 1.3 ST 1.4 CF 2.1 TF 2.2 NA	Agent si	DDRESS .		AND DIRECTO	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PD CORBETT, RONNIE RT 2 BOX 198 LIVE OAK FL S PICKLES, DEBBIE CORBETT	DIRECTORS DELETE DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI	Agent si	DORESS DORESS		AND DIRECTO	Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90070 040 ***150.00