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PROFIT CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #**

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JERSEY MOBILE HOME SALES, INC.

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Principal Place		Mailing Address			ı ananı ansın sısın dıdır diğir biğir iddi
203 E LINEBAUGH AVE. TAMPA. FL. 33612 7813 COLLEY RD. ODESSA FL 33556		203 E LINEBAUGH A 7813 COLLEY RD. ODESSA FL 33556	VE. TAMPA. FL. 33612	Date Incorporated or Qualified	3a. Date of Last Report
				07/27/1977	01/20/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1740326	Not Applicable
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζiρ 1: :11	Country	<i>Ζ</i> φ	Country	8. This corporation has liability for inta	
24	0 Name and Address of Curr	29	30	Florida Statutes Yes	
	9. Name and Address of Curi	reilt negistered Agent	81 Name	10. Name and Address of New Reg	istered Agent
FOOADT	V 10111111		U) Name		
FOGARTY, JOHN H. 7813 COLLEY RD			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	FL 33558		83		A
ODESSA	FL 33330				
			84 City		B5 Zip Code
OF TEXT STERF	ed agent, or both, in the State of Fi	iorida. Such change was author	12ea by the corporation's box	and of directors. I hereby accept the appoint	tment as registered agent. I am
familiar wit SIGNATURE	n, and accept the obligations of, Se Separation typical or professional and CENCERS A	jurt and tile if applicative (I	NOTE: Registered Agent signature requir		DATE:
familiar wit SIGNATURE	Skyrature, typeet or printled name of registered a OFHICERS A	jert and title it applicable (I	NOTE: Rogistered Agent signature requir	fred when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
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familiar wit SIGNATURE 12.	Skyrature, typeet or printled name of registered a OFHICERS A	jert and title it applicable (I	NOTE: Ropstered Agent signature requirements 13.		ERS AND DIRECTORS IN 12
familiar wit SIGNATURE 12. THE NAME	Signature, typhet of profest name of registered a OFFICERS A PD FOGARTY, JOHN H	jert and title it applicable (I	NOTE: Registered Agent signature requirements. 1.1 Title: 1.2 NAME		ERS AND DIRECTORS IN 12
tamiliar wit SIGNATURE . 12. THEE NAME STHEET AUDRESS	PD FOGARTY, JOHN H 7813 COLLEY RD ODESSA FL SD	jert and title it applicable (I	NOTE: Registered Agent signature requir 13. 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS		ERS AND DIRECTORS IN 12
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certify 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 13 if changed, or on an attachment with an ediscess.

John H. Fogarty,

Pres

SIGNATURE:

01/12/96 (813) 920-9112