

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

45 MAY -1 AM 5:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **616462** (8)

1. Corporation Name
STEPHENSON'S MOBILE HOME SERVICE, INC.

Principal Place of Business: **1928 MYRTLE LAKE AVE FRUITLAND FL 34731-6515**
Mailing Address: **1928 MYRTLE LAKE AVE FRUITLAND FL 34731-6515**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/01/1979**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business: 21 State, Apt #, etc. 22 City & State 23 Zip Country

2a. Mailing Address: 26 State, Apt #, etc. 27 City & State 28 Zip Country

4. FEI Number: **59-1910570**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEPHENSON, TERRY L
09128 MYRTLE AVE
FRUITLAND PARK FL 32731**

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 of officer or director to be registered agent and that of applicable

agent) (Registered Agent registration required when first state)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	STEPHENSON, TERRY L
STREET ADDRESS	09128 MYRTLE LAKE AVE
CITY, ST, ZIP	FRUITLAND PARK FL
TITLE	S
NAME	STEPHENSON, DOROTHY
STREET ADDRESS	2200 BUTLER ST.
CITY, ST, ZIP	LEESBURG FL
TITLE	VP
NAME	STEPHENSON, JUDY
STREET ADDRESS	09128 MYRTLE LAKE AVE
CITY, ST, ZIP	FRUITLAND PARK FL
TITLE	VP
NAME	STEPHENSON, ROBBY
STREET ADDRESS	09128 MYRTLE LAKE AVE
CITY, ST, ZIP	FRUITLAND PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	
4	CITY, ST, ZIP	
5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME	
7	STREET ADDRESS	
8	CITY, ST, ZIP	
9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10	NAME	
11	STREET ADDRESS	
12	CITY, ST, ZIP	
13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14	NAME	
15	STREET ADDRESS	
16	CITY, ST, ZIP	
17	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18	NAME	
19	STREET ADDRESS	
20	CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information and effect 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. I am an officer or a director of the corporation or the recorder or filing empowered to execute this report as required by Chapter 187, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with additions.

SIGNATURE: *Sandra B. Matham*
SIGNATURE AND TYPE OR PRINTED NAME OF RECORDING OFFICER OR DIRECTOR

4/29/95

904-987-2453