FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 638780

1. Corporation Name
STEWART MOBILE HOME BROKERS, INC.

Principal Place of Business	Mailing Address
4404 STATE ROAD 574 PLANT CITY FL 33567	4404 STATE ROAD 574 PLANT CITY FL 33567

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualifed
10/05/1979

4. FEI Number
59-1957610   Applied For / Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax.   ☐ Yes   ☒ No

9. Name and Address of Current Registered Agent

TURNEY, WILLIAM H.
4404 STATE ROAD 574
PLANT CITY FL 33567

10. Name and Address of New Registered Agent

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 reinstating)   DATE

12. OFFICERS AND DIRECTORS / 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TURNEY, WILLIAM H		1.2 NAME		
STREET ADDRESS	4404 ST RD #574		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33567		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TURNEY, WILLIAM H.		2.2 NAME		
STREET ADDRESS	4404 ST. RD. #574		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHILTZ		3.2 NAME		
STREET ADDRESS	4404 ST. RD. #574		3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TURNEY, MARGARET E.		4.2 NAME		
STREET ADDRESS	4404 ST. RD. #574		4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	SCHILTZ ROEANN		5.2 NAME	SCHILTZ ROEANN	
STREET ADDRESS	4404 STATE ROAD #574		5.3 STREET ADDRESS	4404 S/R #574	
CITY-ST-ZIP	PLANT CITY, FL 33567		5.4 CITY-ST-ZIP	PLANT CITY, FL 33567	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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.

SIGNATURE: _____ MERRILL G SCHILTZ V.P.   1/4/99   813-752-3412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)