

CORPORATION ANNUAL REPORT

1984 1985



FLORIDA DEPARTMENT OF STATE
 Jim Chan
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -7 PM 4:06

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 -07/11/95--01060--010
 *****225.00 *****225.00

DO NOT WRITE IN THIS SPACE

1. Corporation Name
 13TH STREET MOBILE HOME CENTER, INC.

DOCUMENT #
 660680 (0)

Mailing Address: 4920 N.W. 13TH ST. GAINESVILLE FL 32609-1725

Principal Place of Business: 4920 N.W. 13TH ST. GAINESVILLE FL 32609-1725

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

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

3. Date Incorporated or Qualified: 03/26/1980

3a. Date of Last Report: 04/14/1993

4. FEI Number: 59-2081094

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

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7. Nonprofit Exempt from \$138.75 Supplemental Fee:

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

9. Name and Address of Current Registered Agent

ARNOLD, JAMES A., III
 4920 N.W. 13TH STREET
 GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

I, Pursuant to the provisions of Sections 607.0502 and 607.1509 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when installing)

12. OFFICERS AND DIRECTORS

11 TITLE	P
12 NAME	ARNOLD, JAMES A., III
13 STREET ADDRESS	4920 NW 13TH ST
14 CITY - ST - ZIP	GAINESVILLE FL
21 TITLE	S/T
22 NAME	ARNOLD, EUGENE C.
23 STREET ADDRESS	4431 NW 13TH ST.
24 CITY - ST - ZIP	GAINESVILLE FL
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, checked, or on an attachment with an address.

SIGNATURE: Eugene C. Arnold 3/14/95 336-4121
SIGNATURE ALSO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR