

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 12 PM 10: 07

DOCUMENT # 666055 (9)

1. Corporation Name

TANGLEWOOD MOBILE HOME SALES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**345 WEATHERBEE RD LOT #7 345 WEATHERBEE RD LOT #7
FT PIERCE FL 34982 FT PIERCE FL 34982**

3. Date Incorporated or Qualified 3a. Date of Last Report
04/07/1980 05/01/1994

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 2b. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

4. FEI Number Applied For
59-1995166 Not Applicable

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

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

9. This corporation has liability for intangible tax under S. 190.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**GRAY, JAMES
220 SOUTH SECOND STREET
FORT PIERCE FL 33450**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME YU, CHESTER
STREET ADDRESS 208 CAPE POINT CIRCLE
CITY - ST - ZIP JUPITER FL

TITLE V
NAME YU, CHESTER
STREET ADDRESS 208 CAPE POINT CIRCLE
CITY - ST - ZIP JUPITER FL

TITLE ST
NAME YU, KAROL
STREET ADDRESS 208 CAPE POINT CIRCLE
CITY - ST - ZIP JUPITER FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(3)(k), 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.

SIGNATURE:

Chester Yu

Chester Yu

3/21/95 (407) 747-6430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #