

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 AM 11:24

DOCUMENT # 822899

(1)

1. Corporation Name

PHOENIX MOBILE HOMES, INC.

Principal Place of Business

1330 CHARLESTOWN ROAD
PHOENIXVILLE PA 19460

Mailing Address

1330 CHARLESTOWN ROAD
PHOENIXVILLE PA 19460

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/06/1969

3a. Date of Last Report

03/16/1994

4. FEI Number

23-1570943

Applied For

Not Applicable

5. Certificate 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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

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

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 of agent

(NOTE: Registered Agent Signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	OVERSTREET, JAMES
STREET ADDRESS	1330 CHARLESTOWN RD.
CITY - ST - ZIP	PHOENIXVILLE PA
TITLE	S
NAME	FIFER, ELIZABETH
STREET ADDRESS	1090 POTHOUSE RD
CITY - ST - ZIP	PHOENIXVILLE, PA 00000
TITLE	T
NAME	OVERSTREET, JAMES
STREET ADDRESS	1330 CHARLESTOWN RD.
CITY - ST - ZIP	PHOENIXVILLE PA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	1281 JAMIE LN - BOX 157
2.4 CITY - ST - ZIP	BIRCHRUN VILLE, PA. 17421
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	FIFER, ELIZABETH
3.3 STREET ADDRESS	1281 JAMIE LN - BOX 157
3.4 CITY - ST - ZIP	BIRCHRUN VILLE, PA. 17421
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 119.07(6)(b), 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 667, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elizabeth A. Fifer* (Elizabeth A. Fifer) 2/6/95

410-933-5627

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Signature Number