FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 4:05

DOCUMENT # **836462** **(2)**

1. Corporation Name
PERSHING MOBILE HOME SALES, INC.

Principal Place of Business	Mailing Address
901 NW 31ST AVENUE POMPANO BEACH FL 33069	901 NW 31ST AVENUE POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/02/1976**
3a. Date of Last Report: **02/18/1994**

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

4. FEI Number: **37-0645572** ☐ 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

9. Name and Address of Current Registered Agent

BARDING, JERRY K.
901 NW 31ST AVENUE
POMPANO BEACH FL 33069

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: Barding 3-16-95
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		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BARDING, RALPH C.	1.2 NAME	BARDING, RALPH C.	
STREET ADDRESS	229 SE 7TH AVE	1.3 STREET ADDRESS	901 NW 31 Ave.	
CITY-ST-ZIP	DELRAY BCH FL	1.4 CITY-ST-ZIP	Pompano Bch, Fla. 33069	
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	BARDING, JERRY K.	2.2 NAME		
STREET ADDRESS	711 S.E. 3RD ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH. FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE	T	☒ Change ☐ Addition
NAME	BRILLEY, CAROL SUE	3.2 NAME	BRILLEY, CAROL SUE	
STREET ADDRESS	5976 PINEBROOK DRIVE	3.3 STREET ADDRESS	3133 SE Doubleton Dr.	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Stuart, Fla. 34997	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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 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)(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.

SIGNATURE: Barding Mar. 16, 1995 305-972-4140
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0112434 CP