

Mar 12 1997 8:00am

Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 836462

(2)

1. Corporation Name

PERSHING MOBILE HOME SALES, INC.

Principal Place of Business

801 NW 31ST AVENUE  
POMPANO BEACH FL 33069

Mailing Address

801 NW 31ST AVENUE  
POMPANO BEACH FL 33069-1100

3. Date Incorporated or Qualified

06/02/1976

3a. Date of Last Report

02/21/1996

4. FEI Number

37-0645572

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☒

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

BARDING, JERRY K.  
801 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

(Signature of person who is principal officer or registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETENAME BARDING, RALPH C.  
STREET ADDRESS 901 NW 31 AVE.  
CITY-ST-ZIP POMPANO BCH FLTITLE VPS ☐ DELETENAME BARDING, JERRY K.  
STREET ADDRESS 711 S.E. 3RD ST.  
CITY-ST-ZIP DELRAY BCH. FLTITLE T ☐ DELETENAME BRILLEY, CAROL SUE  
STREET ADDRESS 3133 SE DOUBLETEN DR  
CITY-ST-ZIP STUART FLTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
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 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 registered agent 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0154848

CP2E034 (9/96)