FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F00304 1. Corporation Name

CLOCKWORK MOBILE HOME SALES, INC.

· .	TOTAL MODILE HOME OF LE							
Principal Place of Business		Mailing Address	Mailing Address		1,			
% HARDING, RALPH A %		% HARDING, RALPH A	% HARDING, RALPH A					
2201 PINE VIEW CIRCLE 2201		2201 PINE VIEW CIRCLE			DO NOT WE	RITE IN THIS	SPACE	
SARASOTA FL 34231		SARASOTA FL 34231		Date Incorporated or Qualife				
					10/01/1980	u	•	
The same of the sa					4. FEI Number		Ann	lied For
2. Principal Place of Business		2a. Mailing Address		59-2028300			Applicable	
21		26		39-2020300		\$8.75 A		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Fee Rec		
22				a St. ii . Comming Financia	 -	\$5.00	May Do	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	, \square	Added to		
23		28 Country						
Zip Country		Zip Country 29 30		This corporation owes the current Personal Property Tax.	irrent year int	angible . □Yes	□No I	
24	25		01		10. Name and Address of New	Registered		=
	9. Name and Address of Currer	t Registered Agent		1 Name	10. Name and Address of No.	- Itogiotoro	7.5	
HAD	DINC DALDH A		"					
HARDING, RALPH A 2201 PINE VIEW CIRCLE		. •	8	2 Street Add	dress (P.O. Box Number is Not Accep	otable)		
			L		2.0 A.36 各種間	# 10 10 10 10 10 10 10 10 10 10 10 10 10	elous grat, angre o Badte albert 1881 5	15:1 S181: 15:
SAR	ASOTA FL 34231		8	3				
			8	4 City			85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes						FL		
office of ragent. I a	m familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a second sec	nt and title if applicable. (NOTE: F	Registered A	75.	tion's board of directors. I hereby account of the state	DATE		
12.		ID DIRECTORS	13.	 		JEF IOLINO A	Change	Addition
TITLE	P	☐ DELETE	1.1 TITU	ì	ि से विकास है हैं है है			
NAME	HARDING, RALPH A		1.2 NAM					1
STREET ADDRESS	2201 PINE VIEW CIRCLE		1.3 STRE	EET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34231-6929		1.4 CITY	-ST-ZIP			Change	Addition
TITLE	VTS	☐ DELETÉ	2.1 TITLI	E			☐ Change	T Vagarou
NAME	HARDING, JUDITH A 22N		2.2 NAM	E			'	
STREET ADDRESS	ARCH DIVIE MENT CIDOLE		2.3 STR	EET ADDRESS	•		,	. 1
CITY-ST-ZIP	SARASOTA FL 34231-6929		2.4 CIT	r-ST-ZIP				
TITLE		☐ DELETE	3.1 TITL	E			Change	☐ Addition
NAME	in a		3.2 NAM	E		•		
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CITY-ST-ZIP	į:		3.4. CiT	Y-ST-ZIP	- <u>() (</u>	4.113.114.co		()的 網 () [2]
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			4. 2 NA	AE				
NAME	j.		4.3 STR	EET ADDRESS			•	
STREET ADDRESS								
CITY-ST-ZIP	-		4.4 CITY	(-ST-ZIP				
TITLE		□ DELETE	_	r-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	!	☐ DELETE	4.4 CITY 5.1 TITL 5.2 NAM	E	No. of Carlon		☐ Change	Addition
		☐ DELETE	5.1 TITL 5.2 NAM	E IE	Serve Stage		☐ Change	Addition
STREET ADDRESS	11	☐ DELETE	5.1 TITL 5.2 NAM 5.3 STR	E HE EET ADDRESS			☐ Change	Addition
CITY-ST-ZIP	,,		5.1 TITL 5.2 NAM 5.3 STR	E IE EET ADDRESS /-ST-ZIP			☐ Change	☐ Addition
		☐ DELETE	5.1 TITL 5.2 NAM 5.3 STR 5.4 CITY	E HE EET ADDRESS 7-ST-ZIP E				:

14. I 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90020 046 ***150.00