

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	
DOCUMENT # F04413 (3)			
1. Corporation Name LEVITZ MOBILE HOME BROKERS, INC.			
Principal Place of Business 4505 S. GOLDENROD ROAD ORLANDO FL 32822		Mailing Address 4505 S. GOLDENROD ROAD ORLANDO FL 32822	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent WHITTINGTON, DALE 4505 S GOLDENROD RD. ORLANDO FL 32812			
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITTINGTON, DALE 4505 S. GOLDENROD RD. ORLANDO FL	1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY-ST-ZIP	☐ Change ☐ Addition
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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <u>Dale Whittington</u>		4-7-95 407-282-6340	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/05/1980	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2044614	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	
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

\$8.75 Additional Fee Required

\$5.00 May Be Added to Fees

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