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

APPROVED AND FILED
95 APR 26 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F90357** **(7)**

1. Corporation Name
KAUFMAN MOBILE HOME SUPPLIES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
4825 FULTON INDUSTRIAL BLVD. P.O. BOX 44984 ATLANTA GA 30336-5984 US	4825 FULTON INDUSTRIAL BLVD. P.O. BOX 44984 ATLANTA FL 30336-5984 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/12/1982
3a. Date of Last Report: 02/23/1994

2. Principal Place of Business	2a. Mailing Address
21 Kaufmn Supply	26 Kaufman Supply
Suite, Apt. #, etc. 22 2901 East 15th Street	Suite, Apt. #, etc. 27 4825 Fulton Industrial Blvd.
City & State 23 Panama City, FL	City & State 28 Atlanta, GA
Zip / Country 24 32405 / 25 USA	Zip / Country 29 30336-5984 / 30 USA

4. FEI Number: 59-2202875 ☐ 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

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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	S	1.1 TITLE		☒ Change ☐ Addition
NAME	SENFT, KAREN	1.2 NAME		
STREET ADDRESS	839 BYRNWYCK	1.3 STREET ADDRESS	4825 Fulton Industrial Blvd.	
CITY-ST-ZIP	ATLANTA, GA 00000	1.4 CITY-ST-ZIP	Atlanta, GA 30336	
TITLE	DPT	2.1 TITLE		☒ Change ☐ Addition
NAME	KAUFMAN, SHIRLYE W	2.2 NAME		
STREET ADDRESS	1501 REGENCY WALK	2.3 STREET ADDRESS	4825 Fulton Industrial Blvd.	
CITY-ST-ZIP	ATLANTA, GA 00000	2.4 CITY-ST-ZIP	Atlanta, GA 30336	
TITLE	DEV	3.1 TITLE		☒ Change ☐ Addition
NAME	KAUFMAN, RICHARD L	3.2 NAME		
STREET ADDRESS	1501 REGENCY WALK	3.3 STREET ADDRESS	4825 Fulton Industrial Blvd.	
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	Atlanta, GA 30336	
TITLE	V	4.1 TITLE		☒ Change ☐ Addition
NAME	KAUFMAN, MARK	4.2 NAME		
STREET ADDRESS	2420 LITTEBROOKE DRIVE	4.3 STREET ADDRESS	4825 Fulton Industrial Blvd.	
CITY-ST-ZIP	DUNWOODY GA	4.4 CITY-ST-ZIP	Atlanta, GA 30336	
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: _____ G. DOCTERMAN VP 4/18/95 (404)699-8750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0390119 FP