

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F90357** (7)
1. Corporation Name
KAUFMAN MOBILE HOME SUPPLIES OF FLORIDA, INC.



Principal Place of Business Mailing Address
KAUFMAN SUPPLY
2901 EAST 15TH STREET
PANAMA CITY FL 32405
US
KAUFMAN SUPPLY
4825 FULTON INDUSTRIAL BLVD
ATLANTA GA 30336-5984
US

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

3. Date Incorporated or Qualified **07/12/1982** 3a. Date of Last Report **04/26/1995**
4. FEI Number **59-2202875** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$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

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 607.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and then sign place

Signature typed or printed name of registered agent and then sign place

Date

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Add on
1.2 NAME **S**
1.3 STREET ADDRESS **Senft, Karen**
1.4 CITY-ST-ZIP **4825 Fulton Industrial Blvd**
Atlanta, GA 30336-5984
2.1 TITLE ☒ Change ☐ Add on
2.2 NAME **DPT**
2.3 STREET ADDRESS **Kaufman, Shirlye W**
2.4 CITY-ST-ZIP **4825 Fulton Industrial Blvd**
Atlanta, GA 30336-5984
3.1 TITLE ☒ Change ☐ Add on
3.2 NAME **DEV**
3.3 STREET ADDRESS **Kaufman, Richard L**
3.4 CITY-ST-ZIP **4825 Fulton Industrial Blvd.**
Atlanta, GA 30336-5984
4.1 TITLE ☒ Change ☐ Add on
4.2 NAME **V**
4.3 STREET ADDRESS **Kaufman, Mark**
4.4 CITY-ST-ZIP **4825 Fulton Industrial Blvd.**
Atlanta, GA 30336-5984
5.1 TITLE ☐ Change ☐ Add on
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Add on
6.2 NAME
6.3 STREET ADDRESS
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)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Richard L Kaufman** **Richard L Kaufman** **7/15/96** **(404) 699-8750**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time

CR2E034 (12/95)