

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000001091 (6)

1. Corporation Name

PASSMORE MOBILE HOME TRANSIT, INC.



Principal Place of Business

Mailing Address

P.O. BOX 355
CAVE CITY KY 42127

P.O. BOX 355
CAVE CITY KY 42127

3. Date Incorporated or Qualified

03/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PROCTOR, SOL H
1101 BLACKSTONE BUILDING
JACKSONVILLE FL 32202

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, typed or printed name of registered agent, if applicable

Date of Signature

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PCD
PASSMORE, JIM C
3985 MAMMOTH CAVE ROAD
CAVE CITY KY

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
PASSMORE, CHRIS
3985 MAMMOTH CAVE ROAD
CAVE CITY KY

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
PASSMORE, ANGELA
3985 MAMMOTH CAVE ROAD
CAVE CITY KY

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LINDSEY, PHILLIP
1001 BROADWAY
CAVE CITY KY

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

421 N. Third street

xx

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

421 N. Third Street

xx

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

421 N. Third Street

xx

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96

502-773-2621

CR2E034 (12/95)