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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

Suite, Apt. #, etc.

22

F95000001091 (6)

DOCUMENT # 1. Corporation Name PASSMORE MOBILE HOME TRANSIT, INC.

Mailing Address Principal Place of Business P.O. BOX 355 P.O. BOX 355 **CAVE CITY KY 42127** CAVE CITY KY 42127 3. Date Incorporated or Qualified 03/07/1995 4. EEI Number 2a. Mailing Address 2. Principal Place of Business 26 21

Suite, Apt. #, etc.

City & State City & State 28 23 Country Zip 30 29 25 24 9. Name and Address of Current Registered Agent Name

Applied For Not Applicable 61-1207088 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

3a. Date of Last Report

Zip Code

85

PROCTOR, SOL H
1101 BLACKSTONE BUILDING
JACKSONVILLE FL 32202

() and the sociation of office
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 agent. Lam
 to the porpose of oranging to register the above training this statement for the purpose of oranging to register than
 Pursuant to the provisions of Sections 607,0502 and 607,1508. Floridal Statutes, the above have double above the registered agent, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am or registered agent, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am
familiar with land accept the obligations of Section 607,0505, Florida Statutes.

84 City

SIGNATURE	liginature, typescon protestinatik of registers, trajecut as ottos itali,		i iš gstere (Alamin signaturi re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND DIRECT			
TITLE	PCD	☐ OCLETE	1 1 TITLE	XX Change Addition
NAME	PASSMORE, JIM C		1.2 NAME	
STREET AUDRESS	3985 MAMMOTH CAVE ROAD		1.3 STREET ADDRESS	421 N. Third street
CITY - ST - ZiP	CAVE CITY KY		14 CITY - ST - ZIF	
TITLE	VD	☐ DELFIE	2 1 DITLE	Change Addition
NAME	PASSMORE, CHRIS		2.2 NAME	Ana w Thind Chroat
STHEET ADDRESS	3985 MAMMOTH CAVE ROAD		2.3 STREET ADDRESS	421 N. Third Street
CITY - ST - ZIP	CAVE CITY KY		2 4 CITY - \$1 ZIF	-FI Change Addition
THLE	TD	DELETE	3 1 TITLE	Change Addition
NAME	PASSMORE, ANGELA		3.2 NAME	
STREET ADDRESS	3985 MAMMOTH CAVE ROAD		3.3 STHEET ADDRESS	421 N. Third Street
CITY-ST-ZIP	CAVE CITY KY		3.4.0(f) - ST - Z(F)	Change Addition
TITLE	D	☐ DELETE	4 1 TITLE	
NAME	LINDSEY, PHILLIP		4 2 NAME	
STREET ADDRESS	1001 BROADWAY		4.3 STREET ADDRESS	
CITY-SI-ZiP	CAVE CITY KY		4.4 O(TY - \$1 - Z(f)	Change Addition
TITLE		DETE LE	5 1 T TLE	
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CHY - \$1 - ZIP	Change Addition
TITLE		DEFEIE	6 1 THEF	
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
			6.4 City S1 - ZiP	

64 CITY S1-ZIP

14. Tdo 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 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 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 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 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 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 in Section 119 07(3)(k). Florida Statutes. I further certify that the information indicated in Section 119 07(3)(k). Florida Statutes. I further certify that the information indicated in Section 119 07(3)(k). Florida Statutes. I further certify that the information indicated in Section 119 07(3)(k). Florida Statutes. I further certify that the information indicated in Section 119 07(3)(k). Florida Statutes. I further certify that the information indicated in Section 119 07(3)(k). Florida Statutes in Section

SIGNATURE

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96 502-773-2621

CR2E034 (12/95)