

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90090 010 \*\*\*158.75

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F95000004122**

1. Corporation Name  
**PALM HARBOR FINANCE CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**15303 DALLAS PARKWAY #800 DALLAS TX 75248 US**

Mailing Address  
**15303 DALLAS PARKWAY #800 DALLAS TX 75248 US**

3. Date Incorporated or Qualified  
**08/25/1995**

2. Principal Place of Business  
**21 15303 Dallas Parkway**

2a. Mailing Address  
**26 15303 Dallas Parkway**

4. FEI Number  
**75-2585324**

Applied For  
 Not Applicable

Suite, Apt. #, etc.  
**22 Suite 800**

Suite, Apt. #, etc.  
**27 Suite 800**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State  
**23 Addison, TX**

City & State  
**28 Addison, TX**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country  
**24 75001 25 United States**

Zip Country  
**29 75001 30 US**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V**  DELETE  
 NAME **POSEY, LEE**  
 STREET ADDRESS **15303 DALLAS PKWY #800**  
 CITY-ST-ZIP **DALLAS TX**

1.1 TITLE **V**  Change  Addition  
 1.2 NAME **Lee Posey**  
 1.3 STREET ADDRESS **15303 Dallas Parkway, Ste. 800**  
 1.4 CITY-ST-ZIP **Addison, TX 75001**

TITLE **S**  DELETE  
 NAME **KOBLE, CASPER**  
 STREET ADDRESS **15303 DALLAS PKWY #800**  
 CITY-ST-ZIP **DALLAS TX**

2.1 TITLE **S**  Change  Addition  
 2.2 NAME **Koble, Casper**  
 2.3 STREET ADDRESS **15303 Dallas Parkway, Suite 800**  
 2.4 CITY-ST-ZIP **Addison, TX 75001**

TITLE **V**  DELETE  
 NAME **TACKE, KELLY**  
 STREET ADDRESS **15303 DALLAS PARKWAY, #800**  
 CITY-ST-ZIP **DALLAS TX**

3.1 TITLE **V**  Change  Addition  
 3.2 NAME **Tacke, Kelly**  
 3.3 STREET ADDRESS **15303 Dallas Parkway, Suite 800**  
 3.4 CITY-ST-ZIP **Addison, TX 75001**

TITLE **P**  DELETE  
 NAME **RYAN, GAVIN**  
 STREET ADDRESS **15303 DALLAS PARKWAY, #808**  
 CITY-ST-ZIP **DALLAS TX**

4.1 TITLE **P**  Change  Addition  
 4.2 NAME **Ryan, Gavin**  
 4.3 STREET ADDRESS **15303 Dallas Parkway, Suite 800**  
 4.4 CITY-ST-ZIP **Addison, TX 75001**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Kelly Tacke  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99 992-991-2722  
 Date Daytime Phone #

CR2E034 (11/98)