

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90018 037 \*\*\*150.00

DOCUMENT # F98000004237

1. Corporation Name  
ACCENT MOBILE HOMES, INC.

Principal Place of Business  
5108 N. I-85 SERVICE ROAD  
SUITE 8  
CHARLOTTE NC 28206-1360

Mailing Address  
5108 N. I-85 SERVICE ROAD  
SUITE 8  
CHARLOTTE NC 28206-1360

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/24/1998

4. FEI Number  
56-1642122

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

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

2. Principal Place of Business  
21 2701 University Drive  
Suite, Apt. #, etc.  
22 Suite 300  
City & State  
23 Auburn Hills, MI  
Zip  
24 48326 Country  
25 USA

2a. Mailing Address  
26 2701 University Drive  
Suite, Apt. #, etc.  
27 Suite 300  
City & State  
28 Auburn Hills, MI  
Zip  
29 48326 Country  
30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE	CP	<input type="checkbox"/> DELETE
NAME	FOX, RUSSELL	
STREET ADDRESS	5108 N. I-85 SERVICE ROAD	
CITY-ST-ZIP	CHARLOTTE NC 28206-1360	
TITLE	<del>DST</del>	<input type="checkbox"/> DELETE
NAME	COX, RETA	
STREET ADDRESS	5108 N. I-85 SERVICE ROAD	
CITY-ST-ZIP	CHARLOTTE NC 28206-1360	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRAIG, WILLIAM	
STREET ADDRESS	5108 N. I-85 SERVICE ROAD	
CITY-ST-ZIP	CHARLOTTE NC 28206-1360	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YOUNG, WALTER JR.	
STREET ADDRESS	2701 UNIVERSITY DRIVE SUITE 300	
CITY-ST-ZIP	AUBURN HILLS MI 48326	
TITLE	<del>D</del>	<input type="checkbox"/> DELETE
NAME	STEGMAYER, JOSEPH	
STREET ADDRESS	2701 UNIVERSITY DRIVE SUITE 300	
CITY-ST-ZIP	AUBURN HILLS MI 48326	
TITLE	<del>V</del>	<input type="checkbox"/> DELETE
NAME	<del>MCCLURE, GURTI</del>	
STREET ADDRESS	<del>1727 WHITE HORSE ROAD</del>	
CITY-ST-ZIP	<del>GREENVILLE SC 29605</del>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DVP
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AT Paul Jimmy
6.3 STREET ADDRESS	2701 University Dr, Suite 300
6.4 CITY-ST-ZIP	Auburn Hills, MI 48326

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:

*Jimmy Paul*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 (248) 340-7753  
Date Daytime Phone #

CR2E034 (11/98)

0664971

ACCENT MOBILE HOMES, INC.

475674-90018-37  
F98000004237

BOARD OF DIRECTORS

Walter R. Young, Jr.

Joseph H. Stegmayer

Russell Fox (Chr.)

William Craig

Reta M. Cox

OFFICERS

<u>Name</u>	<u>Title</u>
Russell Fox	President
Joseph H. Stegmayer	Vice President
John J. Collins, Jr.	Vice President & Secretary
Gordon Beyerlein	Treasurer & Assistant Secretary
Jimmy Paul	Assistant Treasurer

ADDRESS

The address for all of the above individuals is:

2701 University Drive, Suite 300  
Auburn Hills, MI 48326