FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 AM 11:31

DOCUMENT # G08673 (7)

1. Corporation Name
PLUM LAKE MOBILE HOME SALES, INC.

Principal Place of Business	Mailing Address
675 E HWY 50 ~~P.O. BOX 12037~~ CLERMONT FL ~~34711~~	P.O. BOX 120637 ~~P.O. BOX 12037~~ ~~CLERMOUNT~~ FL 34712 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/17/1982
3a. Date of Last Report: 02/23/1994

2. Principal Place of Business
21 P.O. Box 120637
Suite, Apt. #, etc. 22
City & State 23 Clermont, Fl
Zip 24 34712 Country 25 USA

2a. Mailing Address
26 P.O. Box 120637
Suite, Apt. #, etc. 27
City & State 28 Clermont, Fl
Zip 29 34712 Country 30 USA

4. FEI Number: 59-2234859 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~VANDER, MEER J~~ VANDER MEER, J.M.
675 E. HWY 50
CLERMONT FL 34711

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
			☒ Change	☒ Addition
TITLE	V	1.1 TITLE		
NAME	VANDER MEER, TERRY	1.2 NAME		
STREET ADDRESS	2808 SILVER SPUR LOOP	1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WELLS FL	1.4 CITY-ST-ZIP	LAKE WALES, FL 33853	
			☐ Change	☒ Addition
TITLE	V	2.1 TITLE		
NAME	VANDER MEER, TIM	2.2 NAME		
STREET ADDRESS	7222 REDWING RD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	GROVELAND FL	2.4 CITY-ST-ZIP	GROVELAND, FL 34736	
			☒ Change	☐ Addition
TITLE	T	3.1 TITLE		
NAME	VANDER MEER, DOLORES	3.2 NAME		
STREET ADDRESS	11125 HARDER RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT, FL 00000	3.4 CITY-ST-ZIP	Clermont, FL 34711	
			☒ Change	☐ Addition
TITLE	DP	4.1 TITLE		
NAME	MEER, J M VANDER	4.2 NAME		
STREET ADDRESS	11125 HARDER RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT, FL 00000	4.4 CITY-ST-ZIP	Clermont, FL 34711	
			☒ Change	☐ Addition
TITLE	V	5.1 TITLE		
NAME	YOUNG, SHIRLEE	5.2 NAME		
STREET ADDRESS	8833 LAKE SHEEN COURT	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	ORLANDO, FL 32836	
			☐ Change	☐ Addition
TITLE		6.1 TITLE		
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: J. M. Vander Meer 1-26-95 (904) 394-2160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

J.M. VANDER MEER

0481050 FP