

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra S. Mayhew  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G31589** (6)  
1. Corporation Name  
**REGAL MOBILE HOME SALES, INC.**

Principal Place of Business  
**6121 US 98 NORTH  
LAKELAND FL 33809**

Mailing Address  
**6121 US 98 NORTH  
LAKELAND FL 33809**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/04/1983** 3a. Date of Last Report **04/26/1994**

4. FEI Number **59-2279489** 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  **interchange tax under § 199.032, Florida Statutes.**  Yes  No

2. Principal Place of Business	2a. Mailing Address
21. State Apt # etc	26. State Apt # etc
22. City & State	27. City & State
23. ZIP	28. ZIP
24. COUNTY	29. COUNTY
25. COUNTY	30. COUNTY

9. Name and Address of Current Registered Agent  
**COYLE, JAMES J.  
6121 US 98 NORTH  
LAKELAND FL 33809**

10. Name and Address of New Registered Agent  
B1. Name  
B2. Street Address (P.O. Box Number is Not Acceptable)  
B3.  
B4. City  
FL B5. Zip Code

11. Pursuant to the provisions of Sections 607.04(1) and 607.1509, 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 provisions of Section 607.04(1), Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

OFFICER	DVS COYLE, THOMAS A. 4002 GLEN GARRY ROAD LAKELAND FL
OFFICER	DPT COYLE, JAMES J. 5310 DEESON RD, #44 LAKELAND FL
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS ONLY

OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	
OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	
OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.03(1)(b), Florida Statutes. Further, I certify that the information included 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE:   
SIGNATURE AND TYPE OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR

4-26-95 813-858-3323

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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra H. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
FILED

04/13/1983

DESIGN RESOURCES OF FLORIDA

DOCUMENT # **G32901** (2)

1. Corporation Name  
**DESIGN RESOURCES, OF SARASOTA, INC.**

Principal Place of Business Mailing Address  
**4142 ESCONDITO CIRCLE  
P.O. BOX 15633  
SARASOTA FL 34277-1633**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Converted <b>04/13/1983</b>	3a. Date of Last Report <b>06/03/1994</b>
4. FEI Number <b>59-2284939</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for estoppel tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22 State Apt # etc	27 State Apt # etc
23 City & State	28 City & State
24	25
29	30

9. Name and Address of Current Registered Agent  
**LATTMAN, STEPHEN E.  
2535 COLONY TERR.  
SARASOTA FL 34239**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) <b>4142 ESCONDITO CIRCLE</b>
83
84 City <b>SARASOTA</b> FL 85 Zip Code <b>34239</b>

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: *Stephen E. Lattman* Date: **4/26/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PST</b>	NAME <b>LATTMANN, STEPHEN E</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4142 ESCONDITO CIRCLE</b>	CITY, ST, ZIP <b>SARASOTA, FL 00000</b>	2. NAME	
3. TITLE	4. NAME	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	7. STREET ADDRESS	8. CITY, ST, ZIP	
9. TITLE	10. NAME	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	13. STREET ADDRESS	14. CITY, ST, ZIP	
15. TITLE	16. NAME	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	19. STREET ADDRESS	20. CITY, ST, ZIP	
21. TITLE	22. NAME	23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	25. STREET ADDRESS	26. CITY, ST, ZIP	
27. TITLE	28. NAME	29. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. NAME	31. STREET ADDRESS	32. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that I am qualified and equal to the exemption stated in Section 119.021(5)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if each member 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 of this report, or on an affidavit with an address.

SIGNATURE: *Stephen E. Lattman* **STEPHEN E. LATTMANN** / 4/26/95 (813) 922-2086