

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H08469 (9)

1. Corporation Name

OAK VIEW MOBILE HOME SALES, INC.

Principal Place of Business

Mailing Address

2552 NE TURNER AVE.
75
ARCADIA FL 33832
US

2552 NE TURNER AVE.
75
ARCADIA FL 33821
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1984

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2419489

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 § 190.022,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, FLETCHER
124 N. BREVARD AVE
ARCADIA FL 33821

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 fee payor (required)

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KOHL, WALTER H., JR.
STREET ADDRESS	4129 HIGEL AVE.
CITY - ST - ZIP	SARASOTA FL
TITLE	STD
NAME	KOHL, MARY
STREET ADDRESS	4129 HIGEL AVE.
CITY - ST - ZIP	SARASOTA FL
TITLE	M
NAME	STRAND, MICHAEL J.
STREET ADDRESS	21552 NE TURNER AVE., 75
CITY - ST - ZIP	ARCADIA FL
TITLE	M
NAME	STRAND, KAREN M.
STREET ADDRESS	2552 NE TURNER AVE., 75
CITY - ST - ZIP	ARCADIA FL
TITLE	PD
NAME	KOHL, WALTER H., JR.
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	5100 ROUND LAKE RD.
1.4 CITY - ST - ZIP	APOPKA, FL 32712
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	5100 ROUND LAKE RD.
2.4 CITY - ST - ZIP	APOPKA, FL 32712
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	2552 NE TURNER AVE # 75
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	M KOHL, WALTER H., III
5.3 STREET ADDRESS	5100 ROUND LAKE RD
5.4 CITY - ST - ZIP	APOPKA, FL 32712
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95 (S) 925-0205