


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

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # H15153</b>			
<b>1. Corporation Name</b> <b>SOUTHERN COUNTRY MOBILE HOMES, INC.</b>			
<b>Principal Place of Business</b> 5891 W TENNESSEE ST TALLAHASSEE FL 32304 US		<b>Mailing Address</b> P.O. BOX 14808 TALLAHASSEE FL 32317 US	
<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>	
<b>9. Name and Address of Current Registered Agent</b> <b>BROOKS, RONALD W., ESQUIRE</b> <b>863 EAST PARK AVE</b> <b>TALLAHASSEE FL 32301</b>			
<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.</b>			
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b> DVS <input type="checkbox"/> DELETE <b>NAME</b> KALICKI, CATHERINE A <b>STREET ADDRESS</b> 1235 SKIPWELLS COURT <b>CITY-ST-ZIP</b> TALLAHASSEE FL 32312		<b>11 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>12 NAME</b> 300002943339-9 <b>13 STREET ADDRESS</b> -07/27/99--01076--021 <b>14 CITY-ST-ZIP</b> ****150.00 ****150.00	
<b>TITLE</b> DPT <input type="checkbox"/> DELETE <b>NAME</b> KALICKI, JAMES R. <b>STREET ADDRESS</b> 1235 SKIPWELLS COURT <b>CITY-ST-ZIP</b> TALLAHASSEE FL 32312		<b>21 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>22 NAME</b> <b>23 STREET ADDRESS</b> <b>24 CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>31 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>32 NAME</b> <b>33 STREET ADDRESS</b> <b>34 CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>41 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>42 NAME</b> <b>43 STREET ADDRESS</b> <b>44 CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>51 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>52 NAME</b> <b>53 STREET ADDRESS</b> <b>54 CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>61 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>62 NAME</b> <b>63 STREET ADDRESS</b> <b>64 CITY-ST-ZIP</b>	

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

<b>3. Date Incorporated or Qualified</b> 08/03/1984	
<b>4. FEI Number</b> 59-2434558	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6. Election Campaign Financing</b> <input type="checkbox"/> Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees
<b>8. This corporation owes the current year Intangible Personal Property Tax</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**10. Name and Address of New Registered Agent**

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

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/99

Date

Daytime Phone

575-9661

**FRED HARTSFIELD, CPA  
HARTSFIELD COMPANY  
CERTIFIED PUBLIC ACCOUNTANT**

**TELEPHONE (850)942-0009  
FAX (850)942-0019**

**P. O. BOX 3988  
TALLAHASSEE, FL 32315-3988**

**345 S. MAGNOLIA DR., SUITE A14  
TALLAHASSEE, FL 32301-2946**

June 28, 1999

Florida Department of State  
Division of Corporations  
Annual Report Filings  
P O Box 1500  
Tallahassee, FL 32302-1500

Dear Division:

I am writing to request a waiver in the \$550.00 Filing Fee for filing the corporation annual report after May 1st. I don't know how the report got misplaced in my office but I was having health problems after tax season ended. I am on medication for high blood pressure and coronary artery disease and had a lot of trouble after April 15th, unable to work on a regular basis. During this time, somehow the report for Southern Country Mobile Homes, Inc. got misplaced and was not filed. I just now discovered the report and called your office and was instructed to write an explanation and attach to the form with a check for the original fee of \$550.00. I would appreciate it if you can accept this at the original fee due to Medical Reasons.

Sincerely,

  
Fred Hartsfield