

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  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90184 003 \*\*\*158.75

DOCUMENT # J17998

1. Corporation Name

QUALITY MANUFACTURED HOMES OF FLORIDA, INC.

Principal Place of Business

11816 U. S. HIGHWAY 92. EAST  
P.O. BOX 2165  
SEFFNER FL 33584

Mailing Address

11816 U. S. HIGHWAY 92. EAST  
P.O. BOX 2165  
SEFFNER FL 33584

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1986

4. FEI Number

59-2697174

Applied For

Not Applicable

5. Certificate of Status Desired ☒ Yes ☐ No

\$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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 33583-2165 30

9. Name and Address of Current Registered Agent

BYERLY, KENNETH A.  
9012 NAVAJO AVENUE  
TAMPA FL 33637

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD  
NAME BYERLY, KENNETH A.  
STREET ADDRESS 9012 NAVAJO AVE  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE VSD  
NAME BYERLY, JERANNE E.  
STREET ADDRESS 9012 NAVAJO AVE  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD  
1.2 NAME BYERLY, KENNETH A.  
1.3 STREET ADDRESS 6514 MANILA PALM WAY  
1.4 CITY-ST-ZIP APOLLO BEACH, FL. 33572

☒ Change ☐ Addition

2.1 TITLE VSD  
2.2 NAME BYERLY, JERANNE E.  
2.3 STREET ADDRESS 6514 MANILA PALM WAY  
2.4 CITY-ST-ZIP APOLLO BEACH, FL. 33572

☒ Change ☐ Addition

3.1 TITLE VD  
3.2 NAME BYERLY, GERALD W.  
3.3 STREET ADDRESS 9012 NAVAJO AVE.  
3.4 CITY-ST-ZIP TAMPA, FL. 33637

☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 BY JERANNE E. BYERLY

4-19-99

(813) 752-3300

Date

Daytime Phone #

CR2E034 (1/98)