

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J52558

(0)

1. Corporation Name

MOBILE HOME RENTALS, INC.



Principal Place of Business

Mailing Address

~~1. RICHARD O. GREENE~~
~~1501 DECKER AVE., UNIT 411~~
~~STUART FL 34904 3064~~

~~1. RICHARD O. GREENE~~
~~1501 DECKER AVE., UNIT 411~~
~~STUART FL 34904 3064~~

3. Date Incorporated or Qualified

01/20/1987

3a. Date of Last Report

01/20/1995

2. Principal Place of Business

2a. Mailing Address

21 ~~1. BRIAN MULLIGAN~~

26 ~~1. BRIAN MULLIGAN~~

4. FEI Number

59-2756400

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1128 HOWELL CREEK DR.

27 1128 HOWELL CREEK DR.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

City & State

City & State

23 WINTER SPRINGS, FLA

28 WINTER SPRINGS, FL.

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 32708

25 SEMINOLE

29 32708

30 SEMINOLE

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~GREENE, RICHARD O.~~
~~1501 DECKER AVE., UNIT 411~~
~~STUART FL 34904~~

81 Name

R. PATRICK PHILLIPS

82 Street Address (P.O. Box Number is Not Acceptable)

200 N. THORNTON, AV.

83

84 City

ORLANDO

FL

85 Zip Code

32801

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 R. PATRICK PHILLIPS

12-800-Phillips

2-14-96

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	GREENE, RICHARD O.	
STREET ADDRESS	4 PERRIWINKLE CIRCLE	
CITY - ST - ZIP	STUART FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRIAN MULLIGAN	
1.3 STREET ADDRESS	1128 HOWELL CREEK, DR.	
1.4 CITY - ST - ZIP	WINTER SPRINGS, FL. 32708	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), 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:

Brian Mulligan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN MULLIGAN

2/14/96

Date

407-675-8763

Daytime Phone #

CR2E034 (12/95)