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APPROVED  
AND  
FILED

1997 JUN 12 AM 10: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K55152 (8)

1. Corporation Name  
MOTOR HOMES OF JACKSONVILLE, INC.

Principal Place of Business  
10360 BEACH BLVD.  
JACKSONVILLE FL 32246  
US

Mailing Address  
10360 BEACH BLVD.  
JACKSONVILLE FL 32246-3649  
US



2. Principal Place of Business

21 900 Cessary Blvd

Suite, Apt. #, etc.

22 Suite 103

City & State

23 Jacksonville FL

Zip

24 32211

Country

25 US

2a. Mailing Address

26 P.O. Box 11508

Suite, Apt. #, etc.

27

City & State

28 Jacksonville FL

Zip

29 32239

Country

30

3. Date Incorporated or Qualified

01/03/1989

3a. Date of Last Report

06/04/1996

4. FEI Number

59-2923920

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 s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

LUTHER, BAXTER E  
10360 BEACH BLVD.  
JACKSONVILLE FL 32246

10. Name and Address of New Registered Agent

81 Name

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

900 Cessary Blvd

83

84 City

Jacksonville

FL

85 Zip Code

32211

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DP  
LUTHER, BAXTER  
10360 BEACH BLVD.  
JACKSONVILLE FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DTS  
JANES, ROBERT  
10360 BEACH BLVD.  
JACKSONVILLE FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
WILLIAMS, JOE  
10360 BEACH BLVD.  
JACKSONVILLE FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY-ST-ZIP

81 TITLE 82 NAME 83 STREET ADDRESS 84 CITY-ST-ZIP

91 TITLE 92 NAME 93 STREET ADDRESS 94 CITY-ST-ZIP

101 TITLE 102 NAME 103 STREET ADDRESS 104 CITY-ST-ZIP

111 TITLE 112 NAME 113 STREET ADDRESS 114 CITY-ST-ZIP

121 TITLE 122 NAME 123 STREET ADDRESS 124 CITY-ST-ZIP

131 TITLE 132 NAME 133 STREET ADDRESS 134 CITY-ST-ZIP

141 TITLE 142 NAME 143 STREET ADDRESS 144 CITY-ST-ZIP

151 TITLE 152 NAME 153 STREET ADDRESS 154 CITY-ST-ZIP

161 TITLE 162 NAME 163 STREET ADDRESS 164 CITY-ST-ZIP

171 TITLE 172 NAME 173 STREET ADDRESS 174 CITY-ST-ZIP

181 TITLE 182 NAME 183 STREET ADDRESS 184 CITY-ST-ZIP

191 TITLE 192 NAME 193 STREET ADDRESS 194 CITY-ST-ZIP

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211 TITLE 212 NAME 213 STREET ADDRESS 214 CITY-ST-ZIP

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251 TITLE 252 NAME 253 STREET ADDRESS 254 CITY-ST-ZIP

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271 TITLE 272 NAME 273 STREET ADDRESS 274 CITY-ST-ZIP

281 TITLE 282 NAME 283 STREET ADDRESS 284 CITY-ST-ZIP

291 TITLE 292 NAME 293 STREET ADDRESS 294 CITY-ST-ZIP

301 TITLE 302 NAME 303 STREET ADDRESS 304 CITY-ST-ZIP

311 TITLE 312 NAME 313 STREET ADDRESS 314 CITY-ST-ZIP

321 TITLE 322 NAME 323 STREET ADDRESS 324 CITY-ST-ZIP

14. I do 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.

SIGNATURE

CR2E034 (9/96)