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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90082 021 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L51980

1. Corporation Name

RILEY MOBILE HOMES, INC.

							A COLUMN TO THE PROPERTY OF TH						
Principal Place of Business		Mailing Address	Mailing Address			1					,-,,		
% MYRON DALE PREBLE			% MYRON DALE PREBLE				•						
11525 US HWY 92 E SEFENER EL 33584.3303		11525 US HWY 92 E						DO NOT W	RITE IN	THIS	SPACE		
SEFFNER FL 33584-3303 SEFFNER FL 33584-3303							3. Date Incorporat			11113	- AUE		
							02/19/1990	Ja yr againt					
2 Principal Pl	lace of Business	2a. Mailing Address					4. FEI Number					Appl	ied For
21	add of Eddings	26					59-3022773				H		Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.									\$8.7		ditional
22	•	27				!	5. Certifcate of Sta	itus Desired	. 🗀		.—Fee	Regi	uired.
City & State	e	City & State					6. Election Campa	ign Financin	9 🗆	_	\$5.0	00 м	lay Be
23		28					Trust Fund Con	tribution				ed to	
Zip	Country	Zip	Cou	intry			8. This corporation	owes the c	urrent ye	ar Inta	ngible	_	_
24	25	29	30				Personal Prope				Yes		No
	Name and Address of Curre	ent Registered Agent				1	0. Name and Add	iress of Nev	v Regist	ered A	gent		
1161	1 4445 1481 1484 5			81	Name								
	LAND, WILLIAM E			82	Street A	Address	(P.O. Box Number	is Not Acce	ptable)				
	25 US HWY 92 E			\bigsqcup									
SEFI	FNER FL 33550			83									
				84	City						85 2	Zip Co	de
				"	City					FL	""	p	
office or re agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida. Such change was :	authorized	by t	the corpo	corporati ration's	ion submits this sta board of directors.	tement for the hereby acc	he purpo cept the	se of c appoin	hanging tment a	g its re s regi:	egistered stered
SIGNATURE													I .
	Signature, typed or printed name of registered as	gent and title if applicable. (NOT	E: Registered	Agent	t signature re	quired whe	an reinstating)		DA	TÉ			
	Signature, typed or printed name of registered at OFFICERS A	gent and title if applicable. (NOT ND DIRECTORS	E: Registered	Agent	t signature re	quired whe	an reinstating) ADDITIONS/CHA	ANGES TO C			DIREC	CTOR	S IN 12
12.		<u> </u>			t signature red	equired whe	· ·	ANGES TO C			DIREC		S IN 12
12.	OFFICERS A	ND DIRECTORS	13.	TLE	t signature re	equired whe	· ·	ANGES TO C					
12.	OFFICERS A ST HOLLAND, REBECCA A	ND DIRECTORS	13. 1.1 TI 1.2 N	TLE AME	t signature red	equired whe	· ·	ANGES TO C					
12. TITLE NAME STREET ADDRESS	OFFICERS A ST HOLLAND, REBECCA A P O BOX 432 N/A	ND DIRECTORS	13. 1.1 TI 1.2 N 1.3 S	TLE AME	ADDRESS	quired whe	· ·	ANGES TO C					
12. TITLE NAME	OFFICERS A ST HOLLAND, REBECCA A P O BOX 432 N/A MANGO FL 33550	ND DIRECTORS	13. 1.1 TI 1.2 N 1.3 S	TLE AME TREET	ADDRESS	equired whe	· ·	ANGES TO C				nge	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A ST HOLLAND, REBECCA A P O BOX 432 N/A MANGO FL 33550 PD	ND DIRECTORS	13. 1.1 TI 1.2 No 1.3 S 1.4 CI	TLE AME TREET TY-ST	ADDRESS	equired whe	· ·	ANGES TO C			☐ Char	nge	☐ Addition
12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	OFFICERS A ST HOLLAND, REBECCA A P O BOX 432 N/A MANGO FL 33550 PD HOLLAND, WILLIAM	ND DIRECTORS	13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N	TLE AME TREET, TY-ST TLE AME	ADDRESS	equired whe	· ·	ANGES TO C			☐ Char	nge	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS A ST HOLLAND, REBECCA A P O BOX 432 N/A MANGO FL 33550 PD HOLLAND, WILLIAM P.O. BOX 432 N/A	ND DIRECTORS	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S	TLE AME TREET TLE TLE AME	ADDRESS - ZIP ADDRESS	equired whe	· ·	ANGES TO C			☐ Char	nge	☐ Addition
12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A ST HOLLAND, REBECCA A P O BOX 432 N/A MANGO FL 33550 PD HOLLAND, WILLIAM	ND DIRECTORS	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S	TLE AME TREET, TY-ST TLE AME TREET, STY-ST	ADDRESS - ZIP ADDRESS	equired whe	· ·	ANGES TO C			☐ Char	nge nge	☐ Addition
12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	OFFICERS A ST HOLLAND, REBECCA A P O BOX 432 N/A MANGO FL 33550 PD HOLLAND, WILLIAM P.O. BOX 432 N/A	ND DIRECTORS ☐ DELETE ☐ DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C	TLE AME TY-ST TLE AME TREET TREET TREET TREET	ADDRESS - ZIP ADDRESS	equired whe	· ·	ANGES TO C			☐ Char	nge nge	Addition
12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A ST HOLLAND, REBECCA A P O BOX 432 N/A MANGO FL 33550 PD HOLLAND, WILLIAM P.O. BOX 432 N/A	ND DIRECTORS ☐ DELETE ☐ DELETE	13. 1.1 TI 1.2 N. 1.3 S 1.4 CI 2.1 TI 2.2 N. 2.3 S 2.4 C 3.1 TI 3.2 N.	TLE AME TREET, TLE AME TREET, TLE TREET, TLE TREET, TLE	ADDRESS 1-ZIP ADDRESS 1-ZIP	equired whe	· ·	ANGES TO C			☐ Char	nge nge	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS A ST HOLLAND, REBECCA A P O BOX 432 N/A MANGO FL 33550 PD HOLLAND, WILLIAM P.O. BOX 432 N/A	ND DIRECTORS ☐ DELETE ☐ DELETE	13. 1.1 TI 1.2 N. 1.3 S' 1.4 CI 2.1 TI 2.2 N. 2.3 S' 2.4 CI 3.1 TI 3.2 N. 3.3 S'	TILE AME TY-ST TILE AME TREET. TILE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	equired whe	· ·	ANGES TO C			☐ Char	nge nge	Addition
12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A ST HOLLAND, REBECCA A P O BOX 432 N/A MANGO FL 33550 PD HOLLAND, WILLIAM P.O. BOX 432 N/A	ND DIRECTORS ☐ DELETE ☐ DELETE	13. 1.1 TI 1.2 N. 1.3 S' 1.4 CI 2.1 TI 2.2 N. 2.3 S' 2.4 CI 3.1 TI 3.2 N. 3.3 S'	TILE TREET, TY-ST TILE TREET,	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	equired whe	· ·	ANGES TO C			☐ Char	nge	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A ST HOLLAND, REBECCA A P O BOX 432 N/A MANGO FL 33550 PD HOLLAND, WILLIAM P.O. BOX 432 N/A	DELETE	13. 1.1 TI 1.2 N. 1.3 S' 1.4 CI 2.1 TI 2.2 N. 2.3 S' 2.4 C 3.1 TI 3.2 N. 3.3 S' 3.4 C	TILE AME TREET. TY-ST TLE AME TREET. TLE TREET. TLE TLE TLE TLE TLE TLE TLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	equired whe	· ·	ANGES TO C			☐ Char	nge	Addition Addition Addition
12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	OFFICERS A ST HOLLAND, REBECCA A P O BOX 432 N/A MANGO FL 33550 PD HOLLAND, WILLIAM P.O. BOX 432 N/A	DELETE	13.3 1.1 TI 12 NN 1.3 S 1.4 CI 2.1 TI 2.2 NN 2.3 S 2.4 CI 3.1 TI 3.2 NN 3.3 S 3.4 CI 4.1 TI 4.2 NN 4	TILE AME TREET, TILE AME TREET, TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	equired whe	· ·	ANGES TO C			☐ Char	nge	Addition Addition Addition
12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS A ST HOLLAND, REBECCA A P O BOX 432 N/A MANGO FL 33550 PD HOLLAND, WILLIAM P.O. BOX 432 N/A	DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S	TILE AME TREET. TY-ST TLE TREET. TILE AME TREET. TILE AME TREET. TILE AME TREET. TILE AME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	equired whe	· ·	ANGES TO C			☐ Char	nge	Addition Addition Addition
12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A ST HOLLAND, REBECCA A P O BOX 432 N/A MANGO FL 33550 PD HOLLAND, WILLIAM P.O. BOX 432 N/A	DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S	TILE AME TREET, TY-ST TLE AME TREET, TILE TREET, TILE AME TREET, TILE AME TREET, TILE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	equired whe	· ·	ANGES TO C			☐ Char	nge nge	Addition Addition Addition
12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A ST HOLLAND, REBECCA A P O BOX 432 N/A MANGO FL 33550 PD HOLLAND, WILLIAM P.O. BOX 432 N/A	DELETE DELETE	13. 1.1 TI 12 N. 1.3 S 1.4 CI 2.1 TI 2.2 N. 2.3 S 2.4 C 3.1 TI 3.2 N. 3.3 S 3.4 C 4.1 TI 4.2 N. 4.3 S 4.4 CI	TILE AME TREET. TITY-ST TILE AME TREET. TITY-ST TILE AME TREET. TILE AME TREET. TILE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	equired whe	· ·	ANGES TO C			☐ Char	nge nge	Addition Addition Addition
12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME NAME NAME	OFFICERS A ST HOLLAND, REBECCA A P O BOX 432 N/A MANGO FL 33550 PD HOLLAND, WILLIAM P.O. BOX 432 N/A	DELETE DELETE	13.3 1.1 TI 12.N 1.3 S 1.4 CI 22.N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 CI 5.1 TI 5.2 N	TILE AME TREET TITY-ST TILE AME TREET TILE AME TREET TILE TILE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	equired whe	· ·	ANGES TO C			☐ Char	nge nge	Addition Addition Addition
12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS STREET ADORESS	OFFICERS A ST HOLLAND, REBECCA A P O BOX 432 N/A MANGO FL 33550 PD HOLLAND, WILLIAM P.O. BOX 432 N/A	DELETE DELETE	13.3 1.1 TI 12 N. 1.3 S 1.4 CI 2.1 TI 2.2 N. 2.3 S 2.4 C 3.1 TI 3.2 N. 3.3 S 3.4 .C 4.1 TI 4.2 N. 4.3 S 4.4 CI 5.1 TI 5.2 N. 5.3 S	TILE AME TREET TITY-ST TILE AME TREET TILE AME TREET TILE TILE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	equired whe	· ·	ANGES TO C			☐ Char	nge nge	Addition Addition Addition
12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	OFFICERS A ST HOLLAND, REBECCA A P O BOX 432 N/A MANGO FL 33550 PD HOLLAND, WILLIAM P.O. BOX 432 N/A	DELETE DELETE	13.3 1.1 TI 12 N. 1.3 S 1.4 CI 2.1 TI 2.2 N. 2.3 S 2.4 C 3.1 TI 3.2 N. 3.3 S 3.4 .C 4.1 TI 4.2 N. 4.3 S 4.4 CI 5.1 TI 5.2 N. 5.3 S	TLE TREET. TY-ST TLE AME TREET TLE AME TREET TLE TREET TRE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	equired whe	· ·	ANGES TO C			☐ Char	nge nge	Addition Addition Addition
12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS STREET ADORESS	OFFICERS A ST HOLLAND, REBECCA A P O BOX 432 N/A MANGO FL 33550 PD HOLLAND, WILLIAM P.O. BOX 432 N/A	DELETE DELETE DELETE	13.3 1.1 TI 1.2 N. 1.3 S' 1.4 Cl 2.1 TI 2.2 N. 2.3 S' 2.4 Cl 3.1 TI 3.2 N. 3.3 S' 3.4 Cl 4.1 TI 4.2 N. 4.3 S' 4.4 Cl 5.1 TI 5.2 N. 5.3 S' 5.4 Cl	TILE AME TREET. TILE AME TREET. TILE AME TREET. TILE AME TREET. TILE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	equired whe	· ·	ANGES TO C			Char	nge nge	Addition Addition Addition 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.

6.4 CITY-ST-ZIP

SIGNATURE: 2

CITY-ST-ZIP