

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 15 AM 8:10

DOCUMENT # M64052

(7)

1. Corporation Name

KINDER MOBILE HOME SALES, INC.

Principal Place of Business

4020 S. PINE AVE
OCALA FL 32671

Mailing Address

4020 S. PINE AVE.
OCALA FL 32671

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1988

3a. Date of Last Report

04/12/1994

4. FEI Number

59-2865706

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24

25

County

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

30

County

9. Name and Address of Current Registered Agent

KINDER, JACK
4020 S. PINE AVE.
OCALA FL 32671

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) Application

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

D
KINDER, JACK
4020 S. PINE AVE.
OCALA FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

VTS
KINDER, CAROLE M.
4020 S. PINE AVE.
OCALA FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

P
KINDER, JACK D.
4020 S. PINE AVE.
OCALA FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 110.07(3)(b), 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:

Carol M. Kinder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL M. KINDER

6-6-95 904-652-2460

(Date)

Telephone (Area #)

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
55 JUNE 14 1995

DOCUMENT # M64397 (6)

1. Corporation Name

M. BROUGHTON STOKES, INC.

Principal Place of Business

1346 MILLSTREAM ST.
TALLAHASSEE FL 32312

Mailing Address

BOX 350
TALLAHASSEE FL 32302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1988

3a. Date of Last Report

04/13/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2891561

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

Country

29

Country

30

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

STOKES, M. BROUGHTON
1346 MILLSTREAM ST.
TALLAHASSEE FL 32312

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

PD
STOKES, M. BROUGHTON
1346 MILLSTREAM ST.
TALLAHASSEE FL 32312

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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:

M. Broughton Stokes M. BROUGHTON STOKES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/95 904-531-0588

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Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # M65071 (6)

1. Corporation Name

F.B. ROENICKE, INC.

Principal Place of Business

11932 OAK ST
P.O. BOX 455
SAN ANTONIO FL 33576
US

Mailing Address

109 OAK ST.
P.O. BOX 455
SAN ANTONIO FL 33576

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1988

3a. Date of Last Report

04/28/1994

4. FEI Number

59-2880457

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. 190.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 P.O. Box 455

27 Suite, Apt. #, etc.

28 San Antonio, FL

29 33576

30 Riseo

9. Name and Address of Current Registered Agent

ROENICKE, F.B.

109 OAK ST. 11932 Oak St.
SAN ANTONIO FL 33576

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 of person or persons of registered agent and the address

NOTE: Registered Agent signature required when revoking

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROENICKE, F.B.
STREET ADDRESS	109 OAK ST, POB 455
CITY - ST - ZIP	SAN ANTONIO FL
TITLE	SD
NAME	ROENICKE, BARBARA
STREET ADDRESS	109 OAK ST.
CITY - ST - ZIP	109 OAK ST, POB 455
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	☒ Change	☐ Addition
12 NAME	Roenicke, F.B.		
13 STREET ADDRESS	11932 Oak St. P.O. Box 455		
14 CITY - ST - ZIP	San Antonio, FL 33576		
21 TITLE	SD	☒ Change	☐ Addition
22 NAME	Roenicke, Barbara		
23 STREET ADDRESS	109 11932 Oak St. P.O. Box 455		
24 CITY - ST - ZIP	San Antonio, Fla. 33576		
31 TITLE		☐ Change	☐ Addition
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		☐ Change	☐ Addition
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		☐ Change	☐ Addition
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		☐ Change	☐ Addition
62 NAME			
63 STREET ADDRESS			
64 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 110.07(3)(a), 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: Barbara Roenicke Barbara Roenicke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/95

904/588-2783
used.