## 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** 

## DOCUMENT # **P40352**

1. Corporation Name

CMH MANUFACTURING, INC.

Principal Place of Business Mailing Address		Mailing Address			, 1981166, 111 61817 E116 1131		
5000 CLAYTON HOMES DR PO BOX 4098 MARYVILLE TN 37804 MARYVILLE TN 37802							
MARYVILLE TN 37804 MARYVILLE TN 37802 US US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
• • • • • •		1 2a 14-10 - Address			09/04/1992 4. FEI Number	- I An	plied For
		2a. Mailing Address	ing Address		56-1585294	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	t Applicable
21 5000 Clayton Ko.  Suite, Apt. #, etc.		Suite, Apt. #, etc.		*******		\$8.75	
22		27			5. Certificate of Status Desired	Fee Re	equired
City & State		City & State			6. Election Campaign Financing	\$5.00	
23 MaryviuE, TN		Zip Country			Trust Fund Contribution	Added t	o Fees
Zip 37	Po4 [25] USA	Zip 30	ÇOUNII y		This corporation owes the current year Int     Personal Property Tax.	angible □Yes	<b>⊠</b> No
24	9. Name and Address of Current	11			10. Name and Address of New Registered	Agent	
			81	Name			
C T CORPORATION SYSTEM			82	Street A	Address (P.O. Box Number is Not Acceptable)	<del></del>	
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324							
ruai	NIATION FL 33324		83				
			84	City	FL	85 Zip (	Code
agent. I as	egistered agent, or both, in the State of m familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS ANI	ons of, Section 607.0505, Florida 3 and title if applicable. (NOTE: Regis	statutes		oration's board of directors. I hereby accept the appointment of the property		
TIFLE	PD OFFICERS AND	DELETE 1.1 TIT			P6 .	Change	Addition
NAME	STRACHAN, RICHARD	1.2 NA			RICK STRACHAN	'	
STREET ADDRESS			1.3 STREET	ADDRESS	5000 Clayton Ro.		ŀ
CITY-ST-ZIP			1.4 CITY-ST	r-ZIP	Maryvius, TN 37804	, ,	Addition
TITLE	V	Æ DELETE 2.1 TII		.	KEVIN T. CLAYTON	☐ Change	Addition
NAME	IGEE, COLLIE		2.2 NAME 2.3 STREET	ADDDESS	5000 Clayton Rs.		
STREET ADDRESS	020 110 11 11 12 1 0 1 1 1 1 1		2.4 CITY-S		Maryville TN 37804		
CITY-ST-ZIP TITLE	CEOD				D	☐ Change	Addition
NAME	CLAYTON, JAMES				AMBER KRUPACS		
STREET ADDRESS	47 LO 7410 Otto 11001		3.3 STREET	ADORESS	5000 CLANTON RD.		
CITY-ST-ZIP			3.4. CITY-S	Ť-ZIP	Maryrus TN 37804	Change	Addition
TITLE			4.1 TITLE			Поначас	
NAME STREET ADDRESS	DO 10, 170C		4.2 NAME 4.3 STREET	ADDRESS			1
CITY-ST-ZIP			4.4 CITY-S				
TITLE	S	DELETE 5.1 TO			\$ , 54.	Change	☐ Addition
NAME	POTTS, LANGDON				Langan Potts		
	4720 AIRI ORI 1101			ı	<i>F</i>		
STREET ADDRESS		!		ADDRESS	5000 Clayton 170.		
CITY-ST-ZIP	4726 AIRPORT HWY LOUISVILLE TN 37777	!	5.3 STREET 5.4 CITY-S 6.1 TITLE	` 1	Langdon Potts 5000 Clayton RD. Maryville, TN 37804	☐ 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 supplied ental 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 of 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS

CITY-ST-ZIP

: Reduired

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90087 026 \*\*\*150.00