

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P40759** (3)
1. Corporation Name
OAKWOOD MOBILE HOMES, INC.



Principal Place of Business P.O. BOX 27081 GREENSBORO NC 27425-7081 US	Mailing Address P.O. BOX 27081 GREENSBORO NC 27425-7081 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		3. Date Incorporated or Qualified 09/25/1992	
4. FEI Number 56-0574589		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

b. Name and Address of Current Registered Agent C T CORPORATION SYSTEM % C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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	
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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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COB <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST. GEORGE, NICHOLAS J.	1.2 NAME	
STREET ADDRESS	7800 MCCLLOUD RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ST. GEORGE, NICHOLAS J.	2.2 NAME	President
STREET ADDRESS	3833 STARMOUNT DR.	2.3 STREET ADDRESS	7800 McCloud Road
CITY-ST-ZIP	GREENSBORO NC	2.4 CITY-ST-ZIP	Greensboro, NC 27409-9634
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL, A. STEVEN	3.2 NAME	Vice President & Assistant Secretary
STREET ADDRESS	7800 MCCLAUD RD	3.3 STREET ADDRESS	7800 McCloud Road
CITY-ST-ZIP	GREENSBORO NC	3.4 CITY-ST-ZIP	Greensboro, NC 27409-9634
TITLE	VPS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILBOURNE, C. MICHAEL	4.2 NAME	
STREET ADDRESS	2225 S. HOLDEN RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC	4.4 CITY-ST-ZIP	
TITLE	VPTS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUIR, DOUGLAS R	5.2 NAME	
STREET ADDRESS	2225 S HOLDEN RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC	5.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIDHAM, MICHAEL J	6.2 NAME	
STREET ADDRESS	2225 S HOLDEN RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC	6.4 CITY-ST-ZIP	

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

SIGNATURE:

Douglas B. Muir

4/22/98

CR2E034 (10/97)