

1-21-97 B-D374 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000001312 (6)

1. Corporation Name

SUNCOAST MOBILE HOME SERVICES, INC.

Principal Place of Business

1240 NE DIXIE HIGHWAY  
JENSEN BEACH FL 34957

Mailing Address

1240 NE DIXIE HIGHWAY  
JENSEN BEACH FL 34957-6232



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/07/1993		3a. Date of Last Report 05/01/1996	
21	805 Ocean Rd.	26	805 Ocean Rd.	4. FEI Number 65-0381222		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State Stuart, FL	27	City & State Stuart, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip 34996	28	Country USA	29		30	
24	34996	25	USA	29		30	

9. Name and Address of Current Registered Agent

SNYDER, JOHN P  
1240 NE DIXIE HIGHWAY  
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent

81 Name SNYDER, JOHN P  
82 Street Address (P.O. Box Number is Not Acceptable)  
805 Ocean Rd  
83  
84 City Stuart FL 85 Zip Code 34996

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	D SNYDER, JOHN P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SNYDER, JOHN P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, JOHN P	1.2 NAME	805 Ocean Rd
STREET ADDRESS	1240 NE DIXIE HIGHWAY	1.3 STREET ADDRESS	Stuart, FL 34996
CITY - ST - ZIP	JENSEN BEACH FL 34957	1.4 CITY - ST - ZIP	
TITLE	D SNYDER, KATHLEEN <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SNYDER, Kathleen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, KATHLEEN	2.2 NAME	805 Ocean Rd
STREET ADDRESS	1240 NE DIXIE HIGHWAY	2.3 STREET ADDRESS	Stuart, FL 34996
CITY - ST - ZIP	JENSEN BEACH FL	2.4 CITY - ST - ZIP	
TITLE	D SNYDER, JOHN <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SNYDER, JOHN P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, JOHN	3.2 NAME	805 Ocean Rd
STREET ADDRESS	1240 NE DIXIE HIGHWAY	3.3 STREET ADDRESS	Stuart, FL 34996
CITY - ST - ZIP	JENSEN BEACH FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN SNYDER 1/21/97 283-3774

CR2E034 (9/96)