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FILED

Apr 15 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000044660 (7)

1. Corporation Name

PALM HARBOR HOLDINGS, INC.

Principal Place of Business

6202 BENJAMIN ROAD
SUITE 100
TAMPA FL 33634
US

Mailing Address

6202 BENJAMIN ROAD
SUITE 100
TAMPA FL 33634-5180
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

ALLWEISS, MICHAEL D
4020 PARK STREET NORTH
SUITE 200
ST. PETERSBURG FL 33709

3. Date Incorporated or Qualified

06/16/1993

3a. Date of Last Report

03/12/1996

4. FEI Number

59-3106147

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

10. Name and Address of New Registered Agent

81

Name

Michael D. Allweiss, Esquire

82

Street Address (P.O. Box Number is Not Acceptable)

111 - 2nd Avenue N.E., Suite 620

83

84

City

St. Petersburg

FL

85

Zip Code

33701

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

4/8/97

12. OFFICERS AND DIRECTORS

P ☐ DELETE
NAME PORCELLI, PETER J. JR.
STREET ADDRESS 6202 BENJAMIN ROAD, STE. 100
CITY-ST-ZIP TAMPA FL☐ DELETE
NAME ST
WALFORD, MICHELE
STREET ADDRESS 6202 BENJAMIN ROAD, STE. 100
CITY-ST-ZIP TAMPA FL☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
C PETER J PORCELLI JR
6202 BENJAMIN RD
TAMPA, FL 336342.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
VP JOHN R ANDERSON
6202 BENJAMIN RD
TAMPA, FL 336343.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
VP ROBERT HAGA
6202 BENJAMIN RD
TAMPA, FL 336344.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
VP PETER J PORCELLI SR
6202 BENJAMIN RD
TAMPA, FL 336345.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 #

2-12-97

CR2E034 (9/96)