SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P93000075890 (2)

1. Corporation Name
GULFSTREAM MOBILE HOME SALES, INC.

Principal Place of Business	Mailing Address
3475 EAST BAY DR. 1479 BELCHER ROAD SOUTH. SUITE FF LARGO FL 34641 US	3475 EAST BAY DR. 1479 BELCHER ROAD SOUTH. SUITE FF LARGO FL 34641 US

2. Principal Place of Business	2a. Mailing Address
21 1345 South Missouri Ave	26 1345 South Missouri Ave
Suite Apt. #, etc. 22 216 Suite	Suite Apt. #, etc. 27 216 Suite
City & State 23 Clearwater, FL	City & State 28 Clearwater FL
Zip 24 34616 Country 25 U.S.A.	Zip 29 34616 Country 30 U.S.A.

3. Date Incorporated or Qualified: 11/01/1993
3a. Date of Last Report: 04/24/1995
4. FEI Number: 59-3208823 ☐ 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. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MORGAN, CHARLES W
3475 EAST BAY DR
SUITE FF
LARGO FL 34641

10. Name and Address of New Registered Agent

81 Name: Morgan, Charles W.
82 Street Address (P.O. Box Number is Not Acceptable): 1345 South Missouri Ave
83 Suite 216
84 City: Clearwater FL 85 Zip Code: 34616

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 Charles W. Morgan Pres. Charles W. Morgan Pres. 7-30-96
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	☐ DELETE	1.1 TITLE	President	☐ Change ☒ Addition
NAME	MORGAN, CHARLES W		1.2 NAME	Morgan, Charles W.	
STREET ADDRESS	3475 EAST BAY DR.		1.3 STREET ADDRESS	1345 South Missouri Ave Suite 216	
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP	Clearwater FL 34616	
TITLE	D	☐ DELETE	2.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	MORGAN, ELIZABETH A		2.2 NAME	Morgan Elizabeth A.	
STREET ADDRESS	3475 EAST BAY DR.		2.3 STREET ADDRESS	1345 South Missouri Ave. Suite 216	
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP	Clearwater, FL 34616	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles W. Morgan Pres. Charles W. Morgan 7-30-96 813 530-9599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #