

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

FILED

Jan 27 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 # **P93000084499 (1)**

1. Corporation Name

NORTHWEST FLORIDA MANUFACTURED HOMES, INC.



Principal Place of Business

**ROUTE 2, BOX 100X
FREEPORT FL 32439**

Mailing Address

**ROUTE 2, BOX 100X
FREEPORT FL 32439-9602**

3. Date Incorporated or Qualified

12/06/1993

3a. Date of Last Report

01/26/1996

2. Principal Place of Business

21 17209 US HWY 331 SOUTH

Suite, Apt. #, etc.

2a. Mailing Address

26 P O BOX 610

Suite, Apt. #, etc.

4. FEI Number

59-3204440

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**

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

City & State

23 FREEPORT FL

City & State

28 FREEPORT FL

Zip

24 32439

Country

25 WALTON

Zip

29 32439

Country

30 WALTON

9. Name and Address of Current Registered Agent

**PERRY, MIKEL L
ROUTE 2, BOX 100X
FREEPORT FL 32439**

10. Name and Address of New Registered Agent

81 Name

MIKEL L PERRY

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

17209 US HWY 331 SOUTH

83

84 City

FREEPORT

FL

85 Zip Code
32439

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 *Mikel L Perry*
Signature, typed or printed name of registered agent, and date of appointment

(NOTE: Registered Agent signature required when reinstating)

JAN. 14, 1997
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **PERRY, MIKEL LEE**
CITY-ST-ZIP **RT. 2 BOX 100-X HWY 331 S.
FREEPORT FL 32439**

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **PERRY, JOSEPH JACKSON**
CITY-ST-ZIP **RT. 2 BOX 100-X HWY 331 S.
FREEPORT FL 32439**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PD**
1.3 STREET ADDRESS **PERRY, MIKEL LEE**
1.4 CITY-ST-ZIP **17209 US HWY 331 SOUTH
FREEPORT FL 32439**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **STD**
2.3 STREET ADDRESS **PERRY, JOSEPH JACKSON**
2.4 CITY-ST-ZIP **17209 US HWY 331 SOUTH
FREEPORT FL 32439**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **V**
3.3 STREET ADDRESS **SPENCER, STEVEN M.**
3.4 CITY-ST-ZIP **17209 US HWY 331 SOUTH
FREEPORT FL 32439**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 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:

Mikel L Perry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIKEL LEE PERRY

JAN. 14, 1997

904/835-3200

Date

Daytime Phone #

CR2E034 (9/96)