

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90063 006 ***150.00

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1. Corporation Name

NORTHWEST FLORIDA MANUFACTURED HOMES, INC.

Principal Place of Business

17209 US HWY 331 SO
FREEPORT FL 32439
US

Mailing Address

PO BOX 610
FREEPORT FL 32439
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1993

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 17239 US HWY 331 S.

22 Suite, Apt. #, etc.

23 City & State

FREEPORT FL

24 Zip

32439

25 Country

USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

PERRY, MIKEL L
17209 US HWY 331 SO
FREEPORT FL 32439

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

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

TITLE PD
NAME PERRY, MIKEL LEE
STREET ADDRESS 17209 US HWY 331 SO
CITY-ST-ZIP FREEPORT FL

TITLE STD
NAME PERRY, JOSEPH JACKSON
STREET ADDRESS 17209 US HWY 331 SO
CITY-ST-ZIP FREEPORT FL

TITLE V
NAME SPENVGER, STEVEN M.
STREET ADDRESS 17209 US HWY 331 SO
CITY-ST-ZIP FREEPORT FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE V
3.2 NAME AMELIA MYERS
3.3 STREET ADDRESS 17239 US HWY 331 S.
3.4 CITY-ST-ZIP FREEPORT FL 32439

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Mikael Lee Perry

Date

Daytime Phone #

4-7-99 850-835-3333

CR2E034 (11/98)