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FILED

Apr 29 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 # P94000026454 (6)

1. Corporation Name

H & J MOBILE HOME TRANSPORT, INC.

Principal Place of Business

7500 SW 10TH ST  
OCALA FL 34474  
US

Mailing Address

7500 SW 10TH ST  
OCALA FL 34474-6448  
US

2. Principal Place of Business

21 7500 SW 10th Street  
Suite, Apt. #, etc.

22 City & State  
Ocala Fl.

Zip

24 34474

Country

25 USA

2a. Mailing Address

26 7500 SW 10th Street  
Suite, Apt. #, etc.

27 City & State  
Ocala Fl.

Zip

29 34474

Country

30 USA

9. Name and Address of Current Registered Agent

MIERES, JULIA B  
7500 SW 10TH ST  
OCALA FL 34474

3. Date Incorporated or Qualified

04/01/1994

3a. Date of Last Report

04/18/1996

4. FEI Number

59-3234792

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

10. Name and Address of New Registered Agent

81 Name

Julia B. Mieres

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

7500 SW 10th Street

83

84 City

Ocala

FL

85 Zip Code

34474

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 D ☐ DELETE

NAME MIERES, HECTOR L  
STREET ADDRESS 7500 SW 10TH ST  
CITY-ST-ZIP Ocala FL

TITLE D ☐ DELETE

NAME MIERES, JULIA B  
STREET ADDRESS 7500 SW 10TH ST  
CITY-ST-ZIP Ocala FL

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 *Julia B. Mieres* *Julia B. Mieres* 4-23-97 352-2230-21

CR2E034 (9/96)