

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

04/05/1994 AM 9:27

DOCUMENT # P94000026546

1. Corporation Name

SUNRISE MANUFACTURED HOUSING CORPORATION

Principal Place of Business

Mailing Address

6711 N. Nebraska Ave.
Tampa, Fl. 33604

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Tampa, Fl. 33604

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
04/05/1994

3a. Date of Last Report

4. FEI Number
59-3235283

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

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAMES C.B. MILLARD, JR.
803 ISLAND WALK DRIVE
HARBOR ISLAND
TAMPA, FLORIDA 33602

81. Name
SCOTT STIGALL ESQ

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

BARNETT, BOLT, KIRKWOOD & LONG

83. POST OFFICE BOX 3287

84. City
TAMPA

FL 85. Zip Code
33601

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 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 registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	JAMES C.B. MILLARD, JR.
STREET ADDRESS	803 Island Walk Dr., Harbor Is
CITY- ST- ZIP	Tampa, Florida 33602
TITLE	E.V.P.
NAME	MARTHA M. BISHOP
STREET ADDRESS	6732 Coronet Ct.
CITY- ST- ZIP	Lakeland, Florida 33810
TITLE	S
NAME	JAMES C.B. MILLARD, JR.
STREET ADDRESS	803 Island Walk Dr., Harbor Is
CITY- ST- ZIP	Tampa, Florida 33602
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	<input type="checkbox"/> Change <input type="checkbox"/> Add
1.2 NAME	600001547836
1.3 STREET ADDRESS	-07/27/95--01068--020
1.4 CITY- ST- ZIP	***225.00 ***225.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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)(b), 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 and 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: *James C.B. Millard, Jr.* PRESIDENT

7/13/1995

Unit

Use this space