

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

95 AUG -1 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000034354 (8)

1. Corporation Name

SOUTHERN STATES MANUFACTURED HOUSING CORP.

Principal Place of Business

ROUTE 100 EAST
PO BOX 2192
LAKE CITY FL 32056

Mailing Address

ROUTE 100 EAST
PO BOX 2192
LAKE CITY FL 32056

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/06/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-3242254

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. 190.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

01 Name

Joe J. Mayes

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

28 CLEARVIEW CT. SO.

03

04 City

PALM COAST

FL

05 Zip Code

32137

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 file # applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/25/95

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME MAYES, JOE J
STREET ADDRESS RT 100 EAST, PO BOX 2192
CITY - ST - ZIP LAKE CITY FL 32056

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 110.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joe J. Mayes

Joe J. Mayes Pres.

4/27/95

P044571204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #