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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000045369 (3)

AMERICAN MOBILE HOME MOVERS, INC.

FILED Feb 03 1997 8:00am Secretary of State



2. Principal Place of Business 2. Mailing Address 3. Mailing Address 4. FEI Number 5. 93259363 Suite, Apt. #, etc. 5. Certificate of Status Desired City & State City & State City & State City & State 2. Country 2. Country 2. Country 2. Country 2. Country 2. Country 3. This corporation has liability for intangible Florida Statutes Plorida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HARRINGTON, RUDOLPH RT 15 BOX 480 LAKE CITY FL 32655 32624 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 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 approagent 1 am familiar with, and accept the obligations of, Section 97.0505. Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	te of Last Report 1/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be
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24 25 28 30 Florida Statutes	Added to Fees
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	2/-97 DIRECTORS IN 12
TILE PTD DELETE 11 TITLE	Change Addition
NAME HARRINGTON, RUDOLPH 12 NAME	
STRELL ADDRESS RT 15 BOX 480 13 STREET ADDRESS	
CITY-ST-ZIP LAKE CITY FL 32055 12014 14 CITY-ST-ZIP	
TITLE S DELETE 21 TITLE	Change Addition
NAME HARRINGTON, NITA 22 NAME STREELADDRESS RT 15 BOX 480 23 STREEL ADDRESS	
E O DITECTION CONTROL	
CITY-ST-7P LAKE CITY FL 32055 37-02-Y 2 4 CITY-ST-ZIP	
THE DELETE 31 TITLE	Change Addition
NAME 32 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
DELETE 34, CITY - ST - ZIP DELETE 4.1 TITLE	Change Addition
NAME 4.2 NAME	T Custings T Manufull
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-S1-7/P 4.4 CITY-S1-7/P	
	Change Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TOLE DELETE 6.1 YITLE	
NAME 6.2 NAME	Change Addition
STREET ADDRESS 6.3 STREET ADDRESS	Change Addition
CRY-ST-ZIP 6.4 CRY-ST-ZIP	Change Addition

14. I do horeby 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: