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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400045369

1. Corporation Name

Principal Place of Business Mailing Address RT 22. BOX 480 RT 22. BOX 480 LAKE CITY FL 32024 LAKE CITY FL 32024 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/13/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number	AMERIC	AN MOBILE HOME MOVERS	3, INC.				
RT 22 BOX 480	Principal Place	of Business	Mailing Address			U MIDDI QUIDA HIMA ANKA TATI KADI	
2. Principal Place of Business	RT 22. BOX 480 RT 22. BOX 480 LAKE CITY FL 32024 LAKE CITY FL 32024					IS SPACE	
Suite, Apt. #, etc. Soute, Ap					1		
Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 City & State 28 City & State 29 Country 20 Zip	2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
Sulte, Apt. #, etc. Sulte, Apt. #, etc. 277 277 278 279	21		26		59-3259363	Not Applicable	
City & State	Suite, Apt. #, etc.			5 Certificate of Status Desired	• • • •		
Zip Country Zip Country Zip Country S. This corporation was the current year intangible Personal Property Tax Wes No	22						
24 25 29 30 10 Personal Property Tax. Change Registered Agent Street Address of Current Registered Agent Street Address of New Registered Agent Street	<u> </u>	e	 			,	
9. Name and Address of Current Registered Agent HARRINGTON, RUDOLPH RT 22, BOX 480 LAKE CITY FL 32024 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's blend of directors. I hereby accept the appointment as registered agent, in a familiar with, and accept the obligations of, Section 607,0505, Florida Sgatutes. I have been appointed agent and such a familiar with, in the State of Florida. Such change was authorized by the corporation's blend of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's blend of directors. I hereby accept the appointment as registered agent, or hereby accept the appointment as registered agent, or hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Sgatutes. I hereby accept the appointment as registered agent, or hereby accept the appointment as registered agent, and such distances. I hereby accept the appointment as registered agent, and such distances. I hereby accept the appointment as registered agent, and such distances. I hereby accept the appointment as registered agent, and such distances. I hereby accept the appointment as registered agent, and such distances. I hereby accept the appointment as registered agent, and such distances. I hereby accept the appointment as registered agent, and such distances. I hereby accept the appointment as registered agent, and such distances. I hereby accept the appointment as registered agent, and such distances. I hereby accept the appointment as registered agent, and such distances. I hereby accept the appointment as registered agent, and such distances. I hereby accept the appointment as registered agent, and such distances. I hereby accept the appointment as		Country		Country	8. This corporation owes the current year	ntangible	
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RT 22, BOX 480 LAKE CITY FL 32024 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's byard of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Spatials, SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PTD DELETE 1.1 TITLE PTD AKE CITY FL 32024 14. CITY-ST-ZIP AKE CITY FL 32024 14. CITY-ST-ZIP TITLE ARRINGTON, NITA RT 22, BOX 480 2.1 STREET ADDRESS CITY-ST-ZIP AKE CITY FL 32024 1.2 STREET ADDRESS CITY-ST-ZIP AKE CITY FL 32024 1.3 STREET ADDRESS CITY-ST-ZIP AKE CITY FL 32024 1.4 CITY-ST-ZIP DELETE 3.1 TITLE 3.2 STREET ADDRESS CITY-ST-ZIP TITLE ARRINGTON, NITA 1.5 STREET ADDRESS CITY-ST-ZIP AKE CITY FL 32024 1.5 STREET ADDRESS AKE CITY-ST-ZIP AKE CITY FL 32024 AKE CITY FL 32024 AKE CI				81 Name			
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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 agent, or both, in the State of Florida, Such change was authorized by the corporation's byland of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's byland of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's byland of directors. I hereby accept the appointment as registered agent, and seed that the summer of the purpose of printed name of registered agent and tiss of applicable. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. STREET ADDRESS CITY-ST-2P LAKE CITY FL 32024 14. CITY-ST-2IP ITILE SIGNATURE STREET ADDRESS CITY-ST-2P LAKE CITY FL 32024 14. CITY-ST-2IP 17. Change Addition Add	LAKE CITY FL 32024			83			
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's byard of directors. I hereby accept the appointment as registered agent, and the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS DELETE 11. TITLE PTD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE HARRINGTON, RUDOLPH 12. NAME STREET ADDRESS RT 22, BOX 480 LAKE CITY FL 32024 13. TITLE SIGNATURE SIGNATURE SIGNATURE SIGNATURE STREET ADDRESS CITY-ST-ZIP LAKE CITY FL 32024 DELETE 1.1 TITLE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE STREET ADDRESS CITY-ST-ZIP LAKE CITY FL 32024 DELETE 3.1 TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.3 SIREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICE				84 City	F	85 Zip Code	
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TITLE	SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	agistered Agent signature require			
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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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

Addition

Change