FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 10:22

DOCUMENT # **P94000050861 (1)**

1. Corporation Name

SUMMERSET MOBILE HOME SALES, INC.

Principal Place of Business	Mailing Address
ROUTE 13 BOX 1160 LAKE CITY FL 32055	ROUTE 13 BOX 1160 LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
07/05/1994	10/31/94

2. Principal Place of Business	2a. Mailing Address
21 ROUTE 13	26 ROUTE 13
Suite, Apt. #, etc. 22 BOX 660	Suite, Apt. #, etc. 27 BOX 660
City & State 23 LAKE CITY, FL 32055	City & State 28 LAKE CITY, FL 32055
Zip / County 24 25 COLUMBIA	Zip / County 29 30 COLUMBIA

4. FEI Number: 59-3267738 ☐ 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

9. Name and Address of Current Registered Agent

DAVID, KEITH R
ROUTE 13
BOX 1160
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
ROUTE 13

83
BOX 660

84 City: LAKE CITY **FL** 85 Zip Code: 32055

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 _____ DATE
Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P/S/T	☒ Change ☐ Addition
NAME	DAVID, KEITH R	12 NAME	DAVID, KEITH R	
STREET ADDRESS	ROUTE 13 BOX 1160	13 STREET ADDRESS	ROUTE 13 BOX 660	
CITY ST ZIP	LAKE CITY FL 32055	14 CITY ST ZIP	LAKE CITY, FL 32055	
TITLE	D	21 TITLE	V	☒ Change ☐ Addition
NAME	FRAZIER, RONALD R	22 NAME	FRAIZER, RONALD R	
STREET ADDRESS	ROUTE 13 BOX 1160	23 STREET ADDRESS	ROUTE 13 BOX 660	
CITY ST ZIP	LAKE CITY FL 32055	24 CITY ST ZIP	LAKE CITY, FL 32055	
TITLE	D	31 TITLE	REMOVED AS OFFICER OF THE COMPANY	☐ Change ☐ Addition
NAME	MCCAULEY, MICHAEL L	32 NAME	ON 10/31/94 FILED REPORT	
STREET ADDRESS	ROUTE 13 BOX 1160	33 STREET ADDRESS		
CITY ST ZIP	LAKE CITY FL 32055	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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 added by an attachment with an address.

SIGNATURE: _____ 2/1/95 904-752-1797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0401206 FP