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FILED

Jan 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000059676 (4)

1. Corporation Name

FLORIDA MOBILE HOME SALES OF POLK COUNTY, INC.



Principal Place of Business

2220 SR 37 N  
MULBERRY MF 33860  
US

Mailing Address

2220 SR 37 NORTH  
SUITE 285  
MULBERRY FL 33860-8448  
US

3. Date Incorporated or Qualified  
08/10/1994

3a. Date of Last Report  
06/10/1996

4. FEI Number

59-3259872

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

MIMS, WILLIAM T  
1524 EASTON DR.  
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name

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

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 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME HANSEN, NECIAS  
STREET ADDRESS 1061 SUCCESS AVE APT D  
CITY - ST - ZIP LAKELAND FL

TITLE P ☐ DELETE

NAME MIMS, WILLIAM T  
STREET ADDRESS 1524 EAWTON DR  
CITY - ST - ZIP LAKELAND FL

TITLE S ☐ DELETE

NAME HANSEN, NECIA  
STREET ADDRESS 1061 SUCCESS AVE APT D  
CITY - ST - ZIP LAKELAND FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Same ☒ Change ☐ Addition

1.2 NAME Hansen, Necia  
1.3 STREET ADDRESS 1029 Rustic Estates Drive  
1.4 CITY - ST - ZIP Lakeland FL

2.1 TITLE Same ☒ Change ☐ Addition

2.2 NAME Same  
2.3 STREET ADDRESS 1524 Easton Drive  
2.4 CITY - ST - ZIP Same

3.1 TITLE Same ☒ Change ☐ Addition

3.2 NAME Hansen, Necia  
3.3 STREET ADDRESS 1029 Rustic Estates Drive  
3.4 CITY - ST - ZIP Lakeland FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97

Date Daytime Phone #

CR2E034 (9/96)