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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000080304 (6) **DOCUMENT #** 1. Corporation Name

MANUFACTURED HOME SERVICES, INC.

Mailing Address Principal Place of Business 3424 E 15TH ST 3424 E 15TH ST PANAMA CITY FL 32401 PANAMA CITY FL 32401 3. Date Incorporated or Qualified. 3a. Date of Last Report 10/31/1994 12/26/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3277896 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired \Box Fee Required 22 27 Cily & State 6. Election Campaign Financing \$5.00 May Be City & State Γ Trust Fund Contribution Added to Fees 28 23 Country for intangible tax under s. 199.032, Zφ Yes ☐ No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MARTIN, GEORGE C # Street Address (P.O. Box Number is Not Acceptable) 82 3424 E 15TH ST 83 PANAMA CITY FL 32401 Zip Code City 85 84 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE DATE (NOTE: Registares Apriet signatur i required when renatiting Signature, typed or printed run in of registerest a just, and title Capplicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 OFFICERS AND DIRECTORS Addition DELETÉ Change 1.1 TiTLE TITLE MARTIN, GEORGE C II NAME 1.2 NAME 3424 E 15TH ST STREET ADDRESS 1.3 STREE! ADDRESS PANAMA CITY FL 32401 14 CITY - ST - ZIP CITY - ST - ZIP ☐ Change Addition DELETE 2 1 Till. € TITLE PETTIS, KIMBERLY L 2.2 NAME 3424 E 15TH ST STREET ADDRESS 2.3 STREET ADDRESS PANAMA CITY FL 32401 CITY-S1-ZIP 24 CITY - ST ZIP DELETE 3 1 TIFLE . Addition 3.2 NAM: NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Change Add tion DELETE THILE 4 1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS

6.4 CHTY - 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)(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 eath; 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 4

4.4 CITY - ST - ZIP

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Change

Addition

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