

FILE NOW: FILING FEE AFTER MAY 1 IS \$215.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000044125 (9)

1. Corporation Name

SOUTHERN MOBILE HOMES INCORPORATED

Principal Place of Business

RT 6, BOX 214 AB
QUINCY FL 32351

Mailing Address

RT 6, BOX 214 AB
QUINCY FL 32351



2. Principal Place of Business

21 2546 Commercial Park Dr.

Suite, Apt. #, etc.

City & State

23 Marianna, FL

Zip

24 32448

Country

25 Jackson

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

Zip

29

Country

30

9. Name and Address of Current Registered Agent

GIBSON, JEAN K
214 AB FRIDAY ROAD
QUINCY FL 32351

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 title if applicable

(If 11 is Registered Agent, signature required with name/ship)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P/VP
Donald D. Gibson
Rt. 6 Box 214 AB
Quincy, FL 32351

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S/T
Jean K. Gibson
Rt. 6 Box 214 AB
Quincy, FL 32351

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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)(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 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:

Jan K. Gibson Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96 904-875-9434
DATE DAYTIME PHONE #

CR2E034 (12/95)