

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000070834 (3)

1. Corporation Name

HICKS MOBILE HOME SERVICE, INC.



Principal Place of Business

Mailing Address

8301 RANDALL DRIVE  
NAVARRE FL 32566

8301 RANDALL DRIVE  
NAVARRE FL 32566

2. Principal Place of Business

2a. Mailing Address

21 8259 TOLEDO ST

26 8259 TOLEDO ST

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 NAVARRE FL

28 NAVARRE FL

24 Zip Country

29 Zip Country

32566

32566

25

30

3. Date Incorporated or Qualified

3a. Date of Last Report

09/11/1995

4. FEI Number

APPLIED FOR

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

10. Name and Address of New Registered Agent

HICKS, LILLIAN A  
8301 RANDALL DRIVE  
NAVARRE FL 32566

81 Name

DALLAS S. HICKS

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

8259 TOLEDO ST

83

84 City

NAVARRE

FL

85 Zip Code

32566

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

*Dallas S. Hicks*

(NOTE: Registered Agent signature required when resigning.)

6-26-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

11 TITLE

PIBIT

12 NAME

DALLAS S. HICKS

13 STREET ADDRESS

8259 TOLEDO ST

14 CITY - ST - ZIP

NAVARRE FL 32566

21 TITLE

VP

22 NAME

DOYLE HICKS

23 STREET ADDRESS

7524 BLACKTACK CR

24 CITY - ST - ZIP

NAVARRE FL 32566

31 TITLE

VP

32 NAME

WILLIAM HICKS

33 STREET ADDRESS

326 CARMEL DR LT 46

34 CITY - ST - ZIP

FT WALTON BEACH FL 32548

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

D

KIMBERLY EDENS

8259 TOLEDO ST

NAVARRE FL 32566

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Dallas S. Hicks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-26-96

904 939 9440

CR2E034 (3/96)