FILED

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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE.

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000087701

1. Corporation	(N MANUFACTURED HOUS	SING. INC.						
LUVINIE	HAMMON ACTORIED TICC	onta, nto						
					<u> </u>	<u> </u>		
Principal Place	of Business	Mailing Address				•		•
1507 FLORIDA BLVD 1507 FLORIDA BLVD RPADENTON FL 34207 BRADENTON FL 34207								
BRADENTON FL 34207. BRADENTON FL 34207 US						DO NOT WRITE IN THIS SPACE		
US	-	•				3. Date Incorporated or Qualifed		
	•				<u> </u>	11/13/1995	 	
Principal Place of Business 2a. Mailing Address						4. FEI Number		olied For
26						65-0629566	\$8.75 A	t Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Re	I
22	·	City & State				6. Election Campaign Financing	\$5.00	May Be
City & State	9	28				Trust Fund Contribution	Added t	
23 Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year Ir	tangible	
24	25	29	30			Personal Property Tax.		□No
24	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	l Agent	
	This Market	AUTO / 1		81	Name	• •		
SCHOFIELD, P. ALLEN				82 Street Address (P.O. Box Number is Not Acceptable)				
1429 00111 AVE 11							1404 1420 456	38181 181 1481
SUITE 300				83				制制制
BRADENTON FL 34207				84	City	F	85 "Zip (
120 00000	Property and the second	007 4500 (Flade) Otal	utos the et		named con	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appropriate the purpose of th	of changing its	registered
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	of Florida. Such change was	authorized	by t	he corporat	ion's board of directors. I hereby accept the app	ointment as re	gistered
👫 agent. la	egistered agent, or both, in the State im familiar with, and accept the oblig	ations of, Section 607.0505, h	·lorida Statu	ites.		•		
SIGNATURE	Signature, typed or printed name of registered ag	sent and title if applicable. (NC	TE: Registered	Agent	signature requir	red when reinstating) ç 1 3 15 DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DP			1.1 TITLE 1.2 NAME			Change	☐ Addition
NAME	BALON, JOHN J		1.2 NA				•	
STREET ADDRESS	1507 FLORIDA BLVD		1.3 ST	REET	ADDRESS		-	
CITY-ST-ZIP	BRADENTON FL 34207		1.4 CI		-ZIP		Change	Addition
TITLE	DVST			2.1 TITLE 2.2 NAME			 	
NAME	BALON, EVELYN C		. 1				'	
STREET ADDRESS				2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		•		
CITY-ST-ZIP	BRADENTON FL 34207	□ DELETE	2. 4 Cl		-ZIP		Change	Addition
TITLE SCE	Carrier D. Lake		3.1 N					l
NAME 1	Page 1 Table 1 Table 1 Table 1				ADDRESS	mark to the second of the seco	r s . zar.:/s.5	\$6.83 7870 J.MN:
STREET ADDRESS	E 360		3.4. C			· · · · · · · · · · · · · · · · · · ·		
TITLE	Property of the second	☐ DELETE	4.1 Tr			23 大大大大村 1319 LANKES	;	Addition
	! • •		4. 2 N	AME		_		
NAME STREET ADDRESS	The second of th	ng sa ting sa minang sa minang Tanggar tanggar sa minang sa m	4.3 ST	REET	ADDRESS			
CITY-ST-ZIP		,	4.4 CI	TY-ST	-ZIP			
TITLE		☐ DELETE	5.1 TI				☐ Change	. Addition
NAME	,		5.2 N/		ļ	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	•,•	
STREET ADDRESS					ADDRESS	to seek to		•
CITY-ST-ZIP	- 25			5.4 CITY-ST-ZIP 6.1 TITLE			Change	. ☐ Addition
TITLE	THE SHOULD BE STATED TO STATED	☐ DELETE				•	L'1 change	nadiadi
NAME	SSO F. DELTH CLA		6.2 N	AME				
1	BELOCK TO A TO			TREET				

14. I 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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP