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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90038 036 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000016467 (8)

1. Corporation Name

STOCK MANUFACTURED HOMES, INC.

2. Principal Place of Business

1660 N. TAMiami TRAIL
FT. MYERS

Mailing Address

P.O. BOX 4507
NORTH FT. MYERS FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1996

4. FEI Number

65-0644593

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

STOCK, DONALD V.
1660 N. TAMiami TRAIL
N. FT. MYERS FL 33903

10. Name and Address of New Registered Agent

81 Name

KEVIN SANDS

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

1660 N. TAMiami TRAIL

83

84 City

FT. MYERS

FL

85 Zip Code

33903

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-19-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	D STOCK, DONALD V. 1660 N. TAMiami TRAIL FT. MYERS FL 33903	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS		
CITY - ST - ZIP		
NAME	D SANDS, KEVIN 1660 N. TAMiami TRAIL FT. MYERS 33903	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY - ST - ZIP		
NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY - ST - ZIP		
NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY - ST - ZIP		
NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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
as stated 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Do, Inc. Form #

0533410

2-19-99