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**Feb 13 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000052808 (8)

1. Corporation Name
CENTURY MOBILE MANOR, INC.



Principal Place of Business
**249 JASPER STREET N.W.
#32
LARGO FL 34640**

Mailing Address
**249 JASPER STREET N.W.
#32
LARGO FL 33770-1222**

3. Date Incorporated or Qualified **06/20/1996** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 **6735-54th AVE N** 26 **29605 VS 19 N**

4. FEI Number **59-3387130** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **#130** 27 **#130**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State City & State
23 **ST PETERSBURG FL** 28 **CLEARWATER FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 **33710** 25 **PINELLAS** 29 **34621** 30 **PINELLAS**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**PEASE, THOMAS E CPA
CRITERION CENTER, SUITE 130
29805 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34621**

10. Name and Address of New Registered Agent
b1 Name
b2 Street Address (P.O. Box Number is Not Acceptable)
b3
b4 City **FL** b5 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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ADAM MCGAVIN JR
1.3 STREET ADDRESS	DAVE
1.4 CITY - ST - ZIP	2269 S UNIVERSITY AVE #112 DAVE FL 33824
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SEC
2.3 STREET ADDRESS	THOMAS E PEASE
2.4 CITY - ST - ZIP	29605 VS 19 NORTH #130 CLEARWATER FL 34621
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 do 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.

SIGNATURE: **THOMAS E PEASE** (THOMAS) E PEASE 2/18/97 813-785-7460

CR2E034 (9/96)