

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 15 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 # P96000068384 (2)

1. Corporation Name

AMERICAN DREAM MOBILE HOME SERVICES, INC.



Principal Place of Business

P.O. BOX 2076  
YULEE FL 32041

Mailing Address

P.O. BOX 2076  
YULEE FL 32041-2076

3. Date Incorporated or Qualified

08/14/1996

3a. Date of Last Report

4. FEI Number

59-3395471

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

~~TURNER, WARREN~~  
~~225 BILLS TRAIL~~  
~~YULEE FL 32097~~

10. Name and Address of New Registered Agent

B1 Name

Jody Buchan

B2

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

3131 Amelia Rd.

B3

B4

City  
Fernandina

FL

B5 Zip Code  
32034

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 *Jody Buchan President*

Signature, typed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reappointing)

4-28-97  
DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BUCHAN, JODY  
STREET ADDRESS 3131 AMELIA ROAD  
CITY-ST-ZIP FERNANDINA FL 32034

TITLE V ☒ DELETE

NAME ~~TURNER, WARREN~~  
STREET ADDRESS ~~225 BILLS TRAIL~~  
CITY-ST-ZIP ~~YULEE FL 32097~~

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 *Adrian Roud*

*Jody Buchan*

4-28-97 24-211-400

CR2E034 (9/96)