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Apr 08 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 # P96000068689 (4)

1. Corporation Name

HUDZ MANUFACTURED HOUSING, INC.

Principal Place of Business

2546 COMMERCIAL PARK DRIVE
MARIANNA FL 32448

Mailing Address

2546 COMMERCIAL PARK DRIVE
MARIANNA FL 32448-2520



3. Date Incorporated or Qualified

08/19/1996

3a. Date of Last Report

2. Principal Place of Business

21 2546 COMMERCIAL PK DR.
Suite, Apt. #, etc.

2a. Mailing Address

26 2546 COMMERCIAL PK DR 59-3397161
Suite, Apt. #, etc.

22 City & State

23 MARIANNA, FL
Zip

Country

24 32448 25 U.S.A

27 City & State

28 MARIANNA, FL
Zip

Country

29 U.S.A 30

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution



8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes No

9. Name and Address of Current Registered Agent

HAMILTON, ELOUISE H
4003 WEST LAFAYETTE STREET
MARIANNA FL 32448

10. Name and Address of New Registered Agent

81 Name

ELOUISE H. HAMILTON

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

4003 W Lafayette St

83

84 City

MARIANNA

FL

85 Zip Code

32448

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 PRESIDENT, TREASURER ☐ DELETE

NAME ELOUISE H. HAMILTON
STREET ADDRESS 4003 West Lafayette St
CITY-ST-ZIP MARIANNA, Florida 32448

TITLE SECRETARY ☐ DELETE

NAME PAULA DENISE GRINER
STREET ADDRESS RT. 3 Box 122
CITY-ST-ZIP PERRY Florida 32347

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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-97 904.536.7775