

2.9.98 B- 11696 c
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000099068 (4)**

1. Corporation Name

SUPERIOR HOMES & EQUIPMENT, INC.

Principal Place of Business

Mailing Address

**250 OLD WINTER HAVEN ROAD
BARTOW FL 33830**

**P.O. BOX 1252
HIGHLAND CITY FL 33846**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4110 U.S. 27 NORTH		26 4110 U.S. 27 NORTH		01/01/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3405915	
City & State		City & State		Applied For	
23 SEBRING, FLORIDA		28 SEBRING, FLORIDA		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24 33870		25 HIGHLANDS		<input type="checkbox"/> \$8.75 Additional Fee Required	
29 33870		30 HIGHLANDS		6. Election Campaign Financing	
				Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
OAKLEY, ELIZABETH A 250 OLD WINTER HAVEN ROAD BARTOW FL 33830				81 Name	
				OAKLEY, ELIZABETH A.	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				4110 U.S. 27 NORTH	
				83	
				84 City	
				SEBRING	
				FL	
				85 Zip Code	
				33870	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	
NAME		P/D	
STREET ADDRESS		OAKLEY, ELIZABETH A.	
CITY-ST-ZIP		4110 U.S. 27 NORTH	
1.2 NAME		SEBRING, FLORIDA	
1.3 STREET ADDRESS		33870	
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
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 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:

Elizabeth A. Oakley

01/28/98

941-402-0277

CR2E034 (10/97)