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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business	Mailing Address
8217 FT. DADE AVENUE	8217 FT. DADE AVENUE
BROOKSVILLE FL 34601	BROOKSVILLE FL 34601

FILED Apr 13 1998 8:00am Secretary of State

1	MENT # P9700 IS MOBILE HOME SETUP,			
Principal Plac	e of Business	Mailing Address		T UBBINDAD TIN TORKT ISDAY BOART DELIT OBERT BOART SOUTH STATE STATE BYTH TOBY
8217 FT. DADE AVENUE BROOKSVILLE FL 34601		8217 FT. DADE AVENUI BROOKSVILLE FL 34601	_	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 01/21/1997
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-3423426 Not Applicabl
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required Fee Required
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zıp 24	Country 25	7ip 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent
	LKINS, MARK S SR		81 Name	
82	17 FT. DADE AVENUE		82 Street A	Address (P.O. Box Number is Not Acceptable)
BROOKSVILLE Ft 34601				
			63	
			84 City	FL 85 Zip Code
dd Duning	to the manifestant of Continue CO7 Of	100 and 607 4500 Florida Dist.	the the share pared	corporation submits this statement for the purpose of changing its registered
office or I agent. I a SIGNATURE	registered agent, or both, in the Staten familiar with, and accept the obli-	igations of, Section 607.0505, F	authorized by the corp lorida Statutes. DE Registered Agent signature	oration's board of directors. I hereby accept the appointment as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	P Change X Addition
NAME	WILKINS, MARK S SR		1.2 NAME	
STREET ADDRESS	8217 FT. DADE AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34601		1.4 City-St-ZiP	
TITLE		DELETE	21 TITLE	1 ST VP ☐ Change ☐ Addition
NAME			2.2 NAME	WILKINS, MARK S. JR.
STREET ADDRESS			2.3 STREET ADORESS	8217 FT. DADE AVE
CITY-ST-ZIP		T DECEME	2. 4 CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE		☐ DECETÉ	3.1 TITLE	2ND VP ☐ Change ☐ Addition
NAME EXPECT ADDRESS			3.2 NAME	WILKINS, ROBERT
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	8217 FT. DADE AVE
TITLE		DELETE	4.1 TITLE	BROOKSVILLE, FL 34601 Change X Addition
NAME			4. 2 NAME	WILKINS, BETTY R.
STREET ADDRESS			4.3 STREET ADDRESS	8217 FT. DADE AVE.
CITY-ST-ZIP			4.4 CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	+
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
A TOFFT 4 A D D C C C			63 STREET ADDRESS	
STREET ADDRESS			OB BITELT REPLICOS	

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 logal effect as if made under eath, 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.

MONATURE, V. O. O. QL. 200 C.

MARK S. WILKINS, SR. VV/2/GV