**FILED** SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SETEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO #NSTATE: \$750). Aug 25 1998 8:00am PROFIT FLORIDA DEPARTMET OF STATE CORPORATION Sandra B. Noham Secretary of State ANNUAL REPORT Secretary of 1e DIVISION OF COR RATIONS 1998 DOCUMENT #
1. Corporation Name P97000007512 (1) J.L.C. MOBILE HOME TRANSPORT, INC. Principal Place of Business Mailing Address 10143 FRIERSON LAKE DRIVE 10143 FRIERSON LAKE DRIVE HUDSON FL 34669 HUDSON FL 34669 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/27/1997 Applied For Not Applicable Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has pald the current year Intengible en ☐ Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KNAPPINS, JEFFREY T 10143 FRIERSON LAKE DRIVE Street Address (P.O. Box Number is Not Acceptable) HUDSON FL 34669 83 Zip Code Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the overnamed 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 authord 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 1945s. (NOTE: Regrit Agent signature required when reinstating) SIGNATURE CR2E034 (5/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TORS 1TLE TITLE Change Addition DELETE Knappins NAME **ITREET ADDRESS** STREET ADDRESS 72 VC William 1TY-ST-ZIP CITY-ST-ZIP 2TLE TITLE Change Addition 2 ME NAME 2 REET ADDRESS STREET ADDRESS 3a696 2 TY-ST-ZIP CITY-ST-ZIP 3.ILE TITLE Change 3 ME NAME 3.REET ADDRESS STREET ADDRESS 3.TY-ST-ZIP CITY-ST-ZIP 4. LE TITLE DELETE \_\_ Change \_\_\_\_ Addition **₄**;ME STREET ADDRESS 4.REET ADDRESS 4 iY-ST-ZIP CITY-ST-ZIP 100002624223denge 5.|LE DELETE -08/25/98--01017--015 5.ME NAME 5. REET ADDRESS \*\*\*150.00 STREET ADDRESS 5. Y-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 6.2<sup>4</sup>E NAME 6.3EET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exelion 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 at at 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 exed his 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.

Jeffry Kurnins 7-12-98