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

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY 26 PM 1:56
05-07-1999 90162 028 ***150.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

05-07-1999 90162 028 ***150.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000027252

1. Corporation Name
GOLDEN WEST MANUFACTURED HOUSING, INC.

Principal Place of Business	Mailing Address
14572 NW HWY 19 CHIEFLND FL 32626 US	P O BOX 537 CHIEFLND FL 32644 US

3. Date Incorporated or Qualified: 03/21/1997

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: APPLIED FOR 59-3519537 ☐ 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 owes the current year intangible Personal Property Tax. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

BULLARD, J W
121 N.W. THIRD STREET
OCALA FL FL344-75

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DYALS, BEN 6330 NW 55TH AVE BELL FL 32619	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LINDA M DYALS 6330 NW 55TH AVE BELL FL 32619	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Ben Dyals APRIL 28, 1999 352-493-0227
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

6/3/99

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 19, 1999

GOLDEN WEST MANUFACTURED HOUSING, INC.
P O BOX 537
CHIEFLAND, FL 32644 US

SUBJECT: GOLDEN WEST MANUFACTURED HOUSING, INC.
Ref. Number: P97000027252

Please be advised, we have received your annual report for the above corporation and your check(s) totaling $150.00; however, the report **has not been filed** and a copy is being returned for the following:

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at 1-800-829-1040.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Sean Toner
Senior Section Administrator

Letter Number: 399A00027756

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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
05-04-1999 90069 011 ***150.00
L01790
99 MAY 26 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01790

1. Corporation Name
AQUA-SERVE, INC.

Principal Place of Business	Mailing Address
9129 SW 72 AVE MIAMI, FLA. 33156	20547 OLD CUTLER RD SUITE 230 MIAMI, FLA. 33189

0504-1999 90069 011 ***150.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: JULY 13, 1989

2. Principal Place of Business	2a. Mailing Address
21 9129 SW 72 AVE	26 20547 OLD CUTLER RD
22 Suite, Apt. #, etc.: H-1	27 Suite, Apt. #, etc.: # 230
23 City & State: MIAMI, FLA.	28 City & State: MIAMI, FLA 33189
24 Zip: 33189 25 Country: DADE	29 Zip: 33189 30 Country: DADE

4. FEI Number: 65-0243265 ☐ 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 owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SAMUEL E. SMITH - ATTORNEY 420 S. DIXIE HWY - #4KA MIAMI, FLA. 33146	81 Name: RANDY ELLZEY 82 Street Address (P.O. Box Number is Not Acceptable): 9100 S. DADELAND BLVD. 83 SUITE 901 84 City: MIAMI, FL 85 Zip Code: 33156

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: Randy Ellzey (Randy Ellzey) DATE: 5/29/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required upon reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT, V.P., SEC, TRES. JAMES E. CRAWFORD 9129 SW 72 AVE - H-1 MIAMI, FLA. 33156	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ALEX BINSTOCK 9100 S. DADELAND BLVD - SUITE 901 MIAMI, FLA. 33156	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR RANDY ELLZEY 9100 S. DADELAND BLVD - SUITE 901 MIAMI, FLA. 33156	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: James E. Crawford, President 3-29-98 305-663-5310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/3/99 (RD)