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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DE[redacted]ENT OF STATE
Sand[redacted]ham
Secretary [redacted] State
DIVISION OF CORPORATIONS

DOCUMENT # P97000040450

1. Corporation Name: Crest Mobile Home Sales Inc.

Principal Place of Business: 2105 Bruce St. Lakeland Fl 33801

Mailing Address: 115 Amherst Rd Cranston RI 02920

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	21 2105 Bruce St.
Suite, Apt #, etc	22
City & State	23 Lakeland Fl
Zip	24 33801
Country	25
2a. Mailing Address	26 115 Amherst Rd
Suite, Apt. #, etc.	27
City & State	28 Cranston RI
Zip	29 02920
Country	30

3. Date Incorporated or Qualified: 5-7-97

4. FEI Number: 59-3453065 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~Joan Duarte~~
~~115 Amherst Rd~~
~~Cranston RI 02920~~

10. Name and Address of New Registered Agent

81 Name: ~~William Rigo~~ Joan Duarte
82 Street Address (P.O. Box Number is Not Acceptable): 2117 Bruce Street
83
84 City: Lakeland FL 85 Zip Code: 33801

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: Joan Duarte President JOAN DUARTE President DATE: 3-15-98

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	President	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Joan Duarte		1.2 NAME	
STREET ADDRESS	115 Amherst Rd		1.3 STREET ADDRESS	
CITY-ST-ZIP	Cranston RI 02920		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	5.15
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	000002527520
STREET ADDRESS			6.3 STREET ADDRESS	-05/18/98--01076--036
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00

CR2E034 (10/97)

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: Joan Duarte JOAN DUARTE Pres. 3/15/98 401-942-1538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #