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

PROFIT CORPORATION ANNUAL REPORT



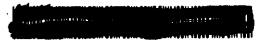
FLORIDA DEPARTMENT OF STATE Saridra B. Mortham 🕕

Secretary of State

## 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000067736 (3)

R & R MOBILE HOMES, INC.

## **FILED** Jun 02 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address			\		(\$ \$11 12 \$ \$ \$ 101)	- THE I ST	
4835 SOUTH PINE AVENUE 4835 SOUTH PINE AVENUE			1	*					
OCALA FL 34480 OCALA FL 34480		OCALA FL 34480	.*		DO NOT WRITE IN THIS SPACE				
					3. Date incorporated or Qua				
					08/04/1997				
2. Principal Pla	ace of Business	2a. Mailing Address	7		4. FE! Number	1	TAD	plied For	
ii 48 35	SO. PINE HVE	20 4835 00.	PIN	E HVE	59-34/03	436	<del></del>	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				Z.,		d []	\$8.75 A	dditional	
27					5. Certificate of Status Desire	90 📖	Fee Re	quired	
City & State City & State					6. Election Campaign Finance		\$5.00	May Be	
23 OCALA, PL 28 OCALA,				•	Trust Fund Contribution		Added to	o Fees	
70111	Country	Zip 14473	Country		8. This corporation owes or h	_			
24 244	73 25 USA	29 34410 30		<u>· S.// .</u>	Personal Property Tax due  10. Name and Address of N			No	
	9. Name and Address of Curren	t Registered Agent	01	Name	10. Name and Address of N	w Registered	gent		
HIUDELL, I HOMAS E					Name				
4835 SOUTH PINE AVENUE				Street Addre	eet Address (P.O. Box Number is Not Acceptable)				
00/	ALA FL 34480		83				<del></del>		
			**						
			84	City			85 Zip (	Code	
						FL	<u> </u>		
11. Pursuant t	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statutes, of Florida, Such change was auth	the abov norized b	e-named corp v the corporati	oration submits this statement to ion's board of directors, I hereby	r the purpose of accept the app	changing it pintment as	registered	
agent lar	m familiar with, and accept the obligi	ations of, Section 607.0505, Florid	a Statute	8.		,		,	
SIGNATURE									
	Signature, typed or printed name of registered age			ent signatura requir	ed when reinetating)	DATE OFFICE DO ANIE	DIDECTOR	00 (4) 10	
12.	OFFICERS AN	D DIRECTORS  A DELETE	13.	<del></del>	ADDITIONS/CHANGES TO	OFFICERS AND	Change	Addition	
107LE	D TUOMAGE:	ps beceit	1.1 TOTLE	ļ			CT CHRIST		
NAME	RIDDELL, THOMAS E		1.2 NAME						
S18EE1 ADURESS	4835 SOUTH PINE AVENUE			TADORESS	`\				
CITY - ST - ZIP	OCALA FL 34480	DELETE	1.4 CITY-				Change	Addition	
HILE		N DECER	2.1 TITLE	1			CH CHRING	LJ HOURION	
NAME	RIDDELL, HEATHER K		5.2 NAME						
STREET ANDRESS	4835 SOUTH PINE AVENUE			T ADDRESS					
CITY+ST-ZIP	OCALA FL 34480		2. 4 CITY		<del>,</del>		T   ^>	The state of	
TITLE	PRESIDENT	☐ DĒLETE	3.1 TITLE	1	•		∐ Change	Addition	
NAME	RIDDELL, HEATHE	K K .	3.2 NAME						
STREET ADDRESS	4835 SOUTH PIN	E MVENUE	3.3 STRE	ET ADDRESS					
CITY-ST-ZIP	OCALA, FL 34		3.4. CITY				T la:	11	
11fLE	VICE PRESIDE	ENT DELETE	4.1 TITLE				☐ Change	Addition	
NAME	KNIGHT, DAVIL	P. H.	4. 2 NAM	E					
STREET ADDRESS	4835 SOUTH 7	INE HVENUE	4.3 STRE	ET ADDRESS					
CITY-ST ZIP	OCALA, FL 34	1480	4.4 CITY						
165LE	TREASURER	☐ DELETE	5.1 TITLE				Change	Addition	
NAME	RIDDELL, HEA	THER K.	5.2 NAME		8000025	4bbl	្រ		
STREET ADDRESS	4835 SOUTH 7	PINE AVENUE	5.3 STRE	ET ADDRESS	-06/03/98/-0	1023030	ļ		
City+St-7IP	4835 SOUTH TO OCALA, FL 3	1480	8.4 CITY		***61.25				
TITLE	1 560K61HKY	PAT DELETE	6.1 TITLE				Change	Addition	
NAME	RIDDELL HER	THER K.	6.2 NAM	:	,	0.4	./~		
STREET ADDRESS	4835 SOUTH	PINE AVENUE		ET ADDRESS			12		
C111 - S1 - 21P	OCALA FL	34480	6.4 CITY	· ·			~		
14. I hereby o	certify that the information supplied w		he exem	ption stated in	Section 119.07(3)(i), Florida Sta	tules. I further co	rtify that the	information	