

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

FILED

Jun 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000067736 (3)

1. Corporation Name

R & R MOBILE HOMES, INC.

Principal Place of Business

4835 SOUTH PINE AVENUE  
OCALA FL 34480

Mailing Address

4835 SOUTH PINE AVENUE  
OCALA FL 34480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1997

4. FEI Number

59-3463436

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

2. Principal Place of Business  
21 4835 So. PINE AVE

Suite, Apt. #, etc.

2a. Mailing Address

26 4835 So. PINE AVE.

Suite, Apt. #, etc.

23 Ocala, FL

City & State

28 Ocala, FL

City & State

24 34473

Zip

25 USA

Country

29 34473

Zip

30 U.S.A.

Country

9. Name and Address of Current Registered Agent

RIDDELL, THOMAS E  
4835 SOUTH PINE AVENUE  
OCALA FL 34480

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	RIDDELL, THOMAS E
STREET ADDRESS	4835 SOUTH PINE AVENUE
CITY - ST - ZIP	OCALA FL 34480
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	RIDDELL, HEATHER K
STREET ADDRESS	4835 SOUTH PINE AVENUE
CITY - ST - ZIP	OCALA FL 34480
TITLE	<input type="checkbox"/> DELETE
NAME	PRESIDENT
STREET ADDRESS	RIDDELL, HEATHER K.
CITY - ST - ZIP	4835 SOUTH PINE AVENUE
CITY - ST - ZIP	OCALA, FL 34480
TITLE	<input type="checkbox"/> DELETE
NAME	VICE PRESIDENT
STREET ADDRESS	KNIGHT, DAVID H.
CITY - ST - ZIP	4835 SOUTH PINE AVENUE
CITY - ST - ZIP	OCALA, FL 34480
TITLE	<input type="checkbox"/> DELETE
NAME	TREASURER
STREET ADDRESS	RIDDELL, HEATHER K.
CITY - ST - ZIP	4835 SOUTH PINE AVENUE
CITY - ST - ZIP	OCALA, FL 34480
TITLE	<input type="checkbox"/> DELETE
NAME	SECRETARY
STREET ADDRESS	RIDDELL, HEATHER K.
CITY - ST - ZIP	4835 SOUTH PINE AVENUE
CITY - ST - ZIP	OCALA, FL 34480

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	800002545618
5.3 STREET ADDRESS	-06/03/98-01023--030
5.4 CITY - ST - ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 registered 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: X

4/29/98 359-401-5600