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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of States DIVISION OF CORPORATIONS

1998

DOCUMENT #

P97000078663 (6)

SOUTHERN MOBILE HOME SERVICE & SUPPLY, INC.

Principal Place of Business Mailing Address 6890 BE 80 AVENUE TRENTON FL 32693

FILED Apr 20 1998 8:00am Secretary of State



6890 SE 60 AVENUE TRENTON FL 32693 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/08/1997 2a. Mailing Address 2. Principal Place of Business Applied For 9-3406636 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country ZiD 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name HODGE, SANDRA 6890 **\$E** 60 AVENUE Street Address (P.O. Box Number is Not Acceptable) TRENTON FL 32693 83 84 City Zip Code 85 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. registered great and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change ☐ DELETE Addition TITLE 1.1 TITLE **GUKANOVICH, BRONKO** NAME 1.2 NAME 6890 SE 60 AVENUE STREET ADDRESS 1.3 STREET ADDRESS TRENTON FL 32693 CITY-ST-ZIP 14 CITY-ST-ZIP Change DELETE Addition TITLE 21 TITLE HODGE, SANDRA NAME 22 NAME **889**0 SE **6**0 AVENUE STREET ADDRESS 2.3 STREET ADDRESS TRENTON FL 32693 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition ☐ Change 31 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - S1 - ZIP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE 4. 2 NAMÉ NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 51 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - 2IP CITY-ST-ZIP DELFTE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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.