APPRQVED **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris * ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 SEP 23 AM 7: 50 DOCUMENT # 797000083448 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name Modern Mobile Homes INC. Principal Place of Business 2714 S.E. South Blackwell Dr. fort St. Lucie, F/A 34952 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 9/2-5/97 2. Principal Place of Business 21 /0376 E. Colonial Dr. 2a. Mailing Address 4. FEI Number Applied For 6*5-0785 1*74 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Juite 3 Fee Required City & State \$5.00 May Be 6. Election Campaign Financing OrlANGO Trust Fund Contribution Added to Fees Country 8. This corporation owes the current year Intangible 25 Ornuge Personal Property Tax. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Barry Lee Peregoy 2714 S. E. Blackwell Dr Ioseph Port st. Lucie, FIA 34952 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/amiliar/with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE

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

12. Joseph W. PAVKEY TITLE 10376 & Colonial Dr Suite 3 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS OrlANdo, FIA 32817 1.4 CITY-ST-ZIP CITY-ST-ZIP 21 TITLE 5/7 ☐ Addition TITLE wonder R. Parker NAME 22 NAME 10376 & COINSIAIDISAITE 3 STREET ADDRESS 2.3 STREET ADDRESS OrlANDO, FIA 32817 CITY-ST-ZIP 2.4 CITY-5T-ZIP 3.1 TITLE TITLE JAMOS Register 3 2 NAME NAME 10376 F. COLONIAL DE 3.3 STREET ADORESS STREET ADORESS OFINDOO, FIA 32817 3.4. CITY-ST-ZIP CITY-ST-ZIF Addition DELETE 41 TIBLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 2000029999152--6 4.4 CITY-ST-ZIP 89/28/93 01045 088 Addition #****61.25 ******61.25 CITY-ST-ZIP DELETE 51 TITLE TITLE 52 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-71P 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 eath; that I am an officer or director of the expopulation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Plant 13 or Plant 13 Mother files are proposed or one attachment with 5 medicate with sill other like arrowment.

SIGNATURE: Mesh W Harker Joseph W Parker 9/22/9 407-38/-9065