



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

FILED

May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000104656 (8) 1. Corporation Name A & J MOBILE HOME SERVICE, INC.					
Principal Place of Business 4373 SABLAN LANE MILTON FL 32583			Mailing Address 4373 SABLAN LANE MILTON FL 32583		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		
9. Name and Address of Current Registered Agent NEWBERRY, ALLEN L 5174 BODEGA DRIVE MILTON FL 32583 			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE		D NEWBERRY, ALLEN L <input type="checkbox"/> DELETE			
NAME		NEWBERRY, ALLEN L			
STREET ADDRESS		5174 BODEGA DRIVE			
CITY-ST-ZIP		MILTON FL 32583			
TITLE		D NEWBERRY, DEBORAH M <input type="checkbox"/> DELETE			
NAME		NEWBERRY, DEBORAH M			
STREET ADDRESS		5174 BODEGA DRIVE			
CITY-ST-ZIP		MILTON FL 32583			
TITLE		D LOWE, JAMES H <input type="checkbox"/> DELETE			
NAME		LOWE, JAMES H			
STREET ADDRESS		4373 SABLAN LANE			
CITY-ST-ZIP		MILTON FL 32583			
TITLE		D LOWE, BARBARA A <input type="checkbox"/> DELETE			
NAME		LOWE, BARBARA A			
STREET ADDRESS		4373 SABLAN LANE			
CITY-ST-ZIP		MILTON FL 32583			
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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		4000002519694			
4.3 STREET ADDRESS		-05/12/98--01019--044			
4.4 CITY-ST-ZIP		***150.00			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
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 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.