


FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90071 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000104656 1. Corporation Name A & J MOBILE HOME SERVICE, INC.			
Principal Place of Business 4630 SABL AN LANE 6220 Little Bits Trail MILTON FL 32583		Mailing Address 4630 SABL AN LANE 6220 Little Bits Trail MILTON FL 32583	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 12/11/1997		4. FEI Number 58-3481931	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent NEWBERRY, ALLEN L 5174 BODEGA DRIVE MILTON FL 32583	
9. Name and Address of New Registered Agent 81 Name James H. Lowe 82 Street Address (P.O. Box Number is Not Acceptable) 4373 Sablan Lane 83 84 City Milton FL 85 Zip Code 32583		10. Name and Address of New Registered Agent 81 Name James H. Lowe 82 Street Address (P.O. Box Number is Not Acceptable) 4373 Sablan Lane 83 84 City Milton FL 85 Zip Code 32583	
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 <i>James H. Lowe</i> DATE 6-10-99			
12. OFFICERS AND DIRECTORS TITLE D <input checked="" type="checkbox"/> DELETE NAME NEWBERRY, ALLEN L STREET ADDRESS 5174 BODEGA DRIVE CITY-ST-ZIP MILTON FL 32583 TITLE D <input checked="" type="checkbox"/> DELETE NAME NEWBERRY, DEBORAH M STREET ADDRESS 5174 BODEGA DRIVE CITY-ST-ZIP MILTON FL 32583 TITLE D <input type="checkbox"/> DELETE NAME LOWE, JAMES H STREET ADDRESS 4373 SABL AN LANE CITY-ST-ZIP MILTON FL 32583 TITLE D <input type="checkbox"/> DELETE NAME LOWE, BARBARA A STREET ADDRESS 4373 SABL AN 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 D/PRES/Treas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE D/VP/sec <input checked="" 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 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, with all other like empowered.

SIGNATURE: *Barbara A. Lowe*

SIGNATURE AND, TYPED, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

430-99 626-4046

CR2E034 (11/98)