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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90080 003 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000009771

1. Corporation Name

CELEBRATION MANUFACTURED HOMES, INC.

Principal Place of Business

**4745 JACKSON BLUFF RD
TALLAHASSEE FL 32310**

Mailing Address

**4745 JACKSON BLUFF RD
TALLAHASSEE FL 32310**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1998

4. FEI Number

59-3489435

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 **4745-199 JACKSON BLUFF RD**

Suite, Apt. #, etc.

City & State

23

City & State

28 **TALLAHASSEE, FL**

Zip

Country

Zip

Country

24 **25** **29** **32310** **30**

9. Name and Address of Current Registered Agent

**GIBSON, DONALD D
4745 JACKSON BLUFF RD
TALLAHASSEE FL 32310**

10. Name and Address of New Registered Agent

81 Name

ROBERT L. UNDERWOOD

82 Street Address (P.O. Box Number is Not Acceptable)

4745-199 JACKSON BLUFF RD

83

84 City **TALLAHASSEE**

FL

85 Zip Code **32310**

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

Robert L. Underwood

DATE

1/18/99

12. OFFICERS AND DIRECTORS

TITLE **PVST** ☒ DELETE
NAME **GIBSON, DONALD D**
STREET ADDRESS **4745 JACKSON BLUFF RD**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE **D** ☒ DELETE
NAME **GIBSON, DONALD D**
STREET ADDRESS **4745 JACKSON BLUFF RD**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **PVST**
1.3 STREET ADDRESS **ROBERT L. UNDERWOOD**
1.4 CITY-ST-ZIP **4745-199 JACKSON BLUFF RD**
TALLAHASSEE, FL 32310

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **ROBERT L. UNDERWOOD**
2.4 CITY-ST-ZIP **4745-199 JACKSON BLUFF RD**
TALLAHASSEE, FL 32310

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Robert L. Underwood

1/18/99

(850)576-4104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)