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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90065 004 ***150.00

| DOCUMENT # 1. Corporation Name | P98000077483 |
|---------------------------------|------------------|
| OLD TOWN MOBILE | HOME SALES, INC. |

| OLD TO | WN MOBILE HOME SALES | S INC | | | | { | | | |
|---|---|---|--|--|---|--|-------------------------------------|---|---|
| OLD TO | AAM MIODIES HOME SALE | o, mu. | | | | | | | |
| Principal Place | of Business | Mailing Address | | · | | | | III (BOIS IOBAI OIGE) | |
| HIGHWAY 19 S | | P.O. BOX 985 | | | | | | | |
| OLD TOWN FL | | OLD TOWN FL 3268 | 0 | | | 20.10 | T WRITE IN TH | IC SDACE | |
| | | | | | | 3. Date Incorporated or Qu | | 13 37 ACL | |
| | | | | | | 1 | шатри | | { |
| | ·· | - | | | | 09/02/1998 4. FEI Number | | | plied For |
| | face of Business | Za. Mailing Address | 5 | | | 59-3536488 | | <u> </u> | t Applicable |
| 21 | | Suite, Apt. #, et | | | | 33 3330-100 | | \$8.75 | |
| Suite, Apt. | #, etc. | <u> </u> | . . | | | 5. Certifcate of Status Des | sired 🗀 | Fee Re | |
| City & State | <u> </u> | City & State | | | | 6. Election Campaign Fina | ncing _ | \$5.00 | May Be |
| | * * * * * * * * * * * * * * * * * * * | 29 | <u>. د د د د د د د د د د د د د د د د د د د</u> | | د در سن | Trust Fund Contribution | | Added (| |
| Zip | Country | Zip | Co | untry | | 8. This corporation owes t | he current year | Intangible | 1 |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | | Yes | □No |
| | 9. Name and Address of Curr | | | | | 10. Name and Address of | New Registere | d Agent | |
| | | | | 81 | Name | - | | | J |
| | SON, TODD ATTY. | | | 82 | Street Addre | ess (P.O. Box Number is Not / | Acceptable) | | |
| | S BAYMEADOWS WAY, STE. 19 | 07 | | | | | <u> </u> | | |
| JACI | KSONVILLE FL 32257 | | | 83 | | | | | |
| | | | | 84 | City | | | . 85 Zip (| Code |
| | | | | 1 1 | | | F | LII | |
| | | | | 1 1 | | | | | ranieterad |
| 11. Pursuant | to the provisions of Sections 607.0 | 502 and 607-1508, Florida | Statutes, the | above- | named.com | oration submits this statement | for the purpose | or changing its | distered |
| 11. Pursuant office or n | to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the obli | 1502 and 607-1508, Florida te of Florida. Such change igations of, Section 607.050 | Statutes, the a was authorize 05, Florida Sta | above- ed by that stutes. | named.corpo he corporatio | oration submits this statement on's board of directors. I hereb | for the purpose y accept the app | or changing its | gistered |
| | to the provisions of Sections 607.0 registered agent, or both, in the Sta rn familiar with, and accept the obli | 1502 and 607-1508, Florida Ite of Florida, Such change Igations of, Section 607.050 | | | | | | or changing its | gistered |
| 11. Pursuant office or nagent. I a | Signature, typed or printed name of registered a | agent and title If applicable. | (NOTE: Registere | ed Agent | | d when reinstating) | DATE | | |
| | Signature, typed or printed name of registered a | agent and title If applicable. AND DIRECTORS | (NOTE: Registere | ed Agent (| | | DATE | AND DIRECTO | RS IN 12 |
| SIGNATURE | Signature, typed or printed name of registered a OFFICERS / | agent and title If applicable. | (NOTE: Registere 13. | od Agent o | | d when reinstating) | DATE | | |
| SIGNATURE | Signature, typed or printed name of registered a OFFICERS / D HERRING, H. DALE | agent and title If applicable. AND DIRECTORS | (NOTE: Registere 13 13 1.11 1.21 | nd Agent o I. TITLE NAME | algnature required | d when reinstating) | DATE | AND DIRECTO | RS IN 12 |
| SIGNATURE 12. | Signature, typed or printed name of registered a OFFICERS of D HERRING, H. DALE P.O. BOX 985 -NA- | agent and title If applicable. AND DIRECTORS | (NOTE Registere 1.17 12.N 1.38 | NAME | algnature required | d when reinstating) | DATE | AND DIRECTO | RS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered a OFFICERS / D HERRING, H. DALE | egent and tale if applicable. AND DIRECTORS DELE | (NOTE Registere 1.17 1.2 h | NAME STREET A | algnature required | d when reinstating) | DATE | AND DIRECTO | PRS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered a OFFICERS of D HERRING, H. DALE P.O. BOX 985 -NA- | agent and title If applicable. AND DIRECTORS | (NOTE Registere 13 12 121 135 146 ETE 2.17 | od Agent of I | algnature required | d when reinstating) | DATE | AND DIRECTO | RS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered a OFFICERS of D HERRING, H. DALE P.O. BOX 985 -NA- | egent and tale if applicable. AND DIRECTORS DELE | (NOTE Registere 13 13 12 N 13 13 14 C 17 12 N 13 14 C 17 12 N 13 14 C 17 12 N 14 C 17 12 N 14 C 17 18 N 14 N | NAME OTY-ST- TITLE NAME NAME NAME NAME | algorature required | d when reinstating) | DATE | AND DIRECTO | PRS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE | Signature, typed or printed name of registered a OFFICERS of D HERRING, H. DALE P.O. BOX 985 -NA- | egent and tale if applicable. AND DIRECTORS DELE | (NOYE Registere 1.17 1.2 N 1.3 S 1.4 C 2.17 2.2 N 2.3 S | NAME STREET A TITLE NAME STREET A STREET A | ADDRESS ADDRESS | d when reinstating) | DATE | AND DIRECTO | PRS IN 12 |
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ver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; himent with an address, with all other like empowered. officer or director of the corporation or the r Block 12 or Block 13 if changed, or on an a

SIGNATURE:

4-10-99

(352) 542-7835