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

PROFIT CORPORATION ANNUAL REPORT

1999

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

0452676

DOCUMENT # **P98000092781**

1. Corporation Name
CENTRAL MOBILE HOMES OF SEFFNER, INC.

Principal Place of Business	Mailing Address
P.O. BOX 250 LABELLE FL 33975	P.O. BOX 250 LABELLE FL 33975

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
10/30/1998

4. E.I. Number
BEING Applied FOR
[X] 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

9. Name and Address of Current Registered Agent

WATKINS, JOHN JAY
150 S. MAIN ST.
LABELLE FL 33975

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required for each change)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	[ ] DELETE	1.1 TITLE	President	[ ] Change [X] Addition
NAME	KINNEY, KENNETH E JR		1.2 NAME		
STREET ADDRESS	891 N. RIVER RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL 33935		1.4 CITY-ST-ZIP		
TITLE	D	[ ] DELETE	2.1 TITLE	Vice-President	[ ] Change [X] Addition
NAME	FORD, MALVIN G		2.2 NAME		
STREET ADDRESS	345 EVANS RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL 33935		2.4 CITY-ST-ZIP		
TITLE	D	[ ] DELETE	3.1 TITLE	Treasurer	[ ] Change [X] Addition
NAME	FORD, KATHY A		3.2 NAME		
STREET ADDRESS	345 EVANS RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL 33935		3.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	4.1 TITLE	Secretary	[ ] Change [X] Addition
NAME			4.2 NAME	Mary C. Martinez	
STREET ADDRESS			4.3 STREET ADDRESS	835 So. Main St.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	LaBelle, FL 33935	
TITLE		[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	6.1 TITLE		[ ] Change [ ] Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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****150.00 ****150.00

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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: _____ 1/13/99 941-675-1915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number