

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S01116** (0)

1. Corporation Name

**CENTRAL MOBILE HOME SERVICE, INC.**



Principal Place of Business

**11924 N.W. 39TH AVE.  
GAINESVILLE FL 32606  
US**

Mailing Address

**11924 N.W. 39TH AVE.  
GAINESVILLE FL 32606  
US**

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

30

9. Name and Address of Current Registered Agent

**MEDFORD, WALTER  
5006 S.W. 87TH TERR  
GAINESVILLE FL 32608**

3. Date Incorporated or Qualified

**09/06/1990**

3a. Date of Last Report

**04/20/1995**

4. FEI Number

**59-3035904**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

**11924 N.W. 39TH AVE**

83

84 City

**Gainesville**

FL

85 Zip Code

**32606**

I, the 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

SIGNATURE

*Walter Medford*

Date Registered

Signature of Registered Agent

Date

**4/28/96**

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DP  
MEDFORD, WALTER  
11924 N.W. 39TH AVE.  
GAINESVILLE FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**S  
MEDFORD, A.T.  
11924 N.W. 39TH AVE.  
GAINESVILLE FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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13

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE:

*Walter Medford* **Walter Medford**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/96**

Date

**352-332-7050**

Daytime Phone

CR2E034 (12/95)