

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

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95 APR 26 AM 7:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **S12341** (1)
1. Corporation Name
DWIGHT HATFIELD MANUFACTURED HOMES, INC.

Principal Place of Business Mailing Address
701 W. GUSARLAND HWY CLEWISTON FL 33440 **701 W. GUSARLAND HWY CLEWISTON FL 33440**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1740 E. SUGARLAND HWY		26 SAME		11/09/1990		03/10/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 CLEWISTON FL		28 CLEWISTON FL		65-0227626		Not Applicable	
24 33935		25 US		29 CLEWISTON FL		30 US	
5. Certificate of Status Desired <input type="checkbox"/>				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HATFIELD, DWIGHT 818 ROYAL PALM AVE. CLEWISTON FL 33440				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATFIELD, DWIGHT	1.2 NAME	
STREET ADDRESS	818 ROYAL PALM AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBISH, ROBERT J	2.2 NAME	
STREET ADDRESS	RT. 2 BOX 2462	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON, FL 33440	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 110.07(3)(b), 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 in an attachment, with an address.

SIGNATURE:  DATE: **4-21-95** TAGING NUMBER: **813-983-0003**