FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DOCUMENT # **S48439** **(1)**

1. Corporation Name
K & E MOBILE HOME SALES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
RT 13 BOX 1160 LAKE CITY FL 32055	RT 13 BOX 1160 LAKE CITY FL 32055

3. Date Incorporated or Qualified: 04/25/1991
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business
21 ROUTE 17, BOX 2225
Suite, Apt. #, etc. 22
City & State 23 LAKE CITY, FLORIDA
Zip 24 32055 Country 25 COLUMBIA

2a. Mailing Address
26 ROUTE 17, BOX 2225
Suite, Apt. #, etc. 27
City & State 28 LAKE CITY, FLORIDA
Zip 29 32055 Country 30 COLUMBIA

4. FEI Number: 59-3065953 ☐ 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

9. Name and Address of Current Registered Agent

DAVID, KEITH R
RT 11 BOX 291-P
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name: MICHAEL L. MCCAULEY
82 Street Address (P.O. Box Number is Not Acceptable): ROUTE 2, BOX 239
83
84 City: WELLBORN **FL** 85 Zip Code: 32094

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: Michael L McCauley 5/10/95
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	DAVID, KEITH R	12 NAME	MICHAEL L. MCCAULEY	
STREET ADDRESS	RT 11 BOX 291-P	13 STREET ADDRESS	ROUTE 2, BOX 239	
CITY-ST-ZIP	LAKE CITY FL	14 CITY-ST-ZIP	WELLBORN, FLORIDA 32094	
TITLE	V	21 TITLE	SEC/TREA	☐ Change ☒ Addition
NAME	MCCAULEY, MICHAEL L	22 NAME	GWENDOLYN K. MCCAULEY	
STREET ADDRESS	RT 2 BOX 239	23 STREET ADDRESS	ROUTE 2, BOX 239	
CITY-ST-ZIP	WELLBORN FL	24 CITY-ST-ZIP	WELLBORN, FLORIDA 32094	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		CH

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)(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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael L McCauley 04/26/95 (904) 758-9324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0401163 FP