ANN	PROFIT RPORATION UAL REPORT 1996		Sandri Secre	ARTMENT OF STATE a.B. Mortham slary of State CORPORATIONS			
DOCU 1. Corporation	MENT # S4843	39	(1)				
K & E	MOBILE HOME SALES, IN	IC.					
Principal Plac	ce of Business	Mailin	g Address				
RT 17 BOX ; LAKE CITY F			7 BOX 2225 CITY FL 32055				
2 Discipal F	Discoulation of Discourance of Disco	·			 Date Incorporated or Qualified 04/25/1991 	ed 3a. Date of Last Report 05/01/1995	
21	Place of Business	2a. Ma 26	ailing Address		4. FEI Number 59-3065953	Applied F Not Appli	
Suite, Apt.	#, etc	27 Su	ite, Apt. #. etc.		5. Certificate of Status Desired	\$8.75 Addition	nal
City & Stat	le	Cit	y & State		6. Election Campaign Financing	Fee Required Solve May Be	
Zip	Country	28 Zip)	Country	Trust Fund Contribution 8. This corporation has Lability	Added to Fees for intangible tax under s 199,03	
24	25 9. Name and Address of Curre	29 ent Registere	d Agent	[30]	Florida Statutes 10. Name and Address of New	Yes No	
	CAULEY, MICHAEL L			81 Name			
	. 2 BOX 239 ELLBORN FL 32094				dress (P.O. Box Number is Not Accep	table)	
				83			
				L <u>1</u>			
44 D				84 City		FL 85 Zip Code	
11. Pursuant office or ragent La	to the provisions of Sections 607 05/ egistered agent for both, in the State m familiar with, and accept the oblig	02 and 607.15 of Florida Strations of Sec	508, Florida Statu uch change was stion 607 0505, Fl	tes, the above named con	poration submits this statement for the floor s board of directors. I hereby acc		rea id
11. Pursuant office or ragent La	_			tes, the above-named cor authorized by the corpora orida Statutes.	poration submits this statement for the lion's board of directors. I hereby acco		rea d
SIGNATURE	to the provisions of Sections 607 056 egistered agent or both, in the State m familiar with, and accept the oblig signature typed or printed name of registered age	ect and title if appli	icabie (NC	tes, the above named con	orud when reinstilling!	FL	
SIGNATURE 12. TITLE	Signature: typed or printed name of registered age OFFICERS AN	ect and title if appli	icabie (NC	tes, the above-named corauthorized by the corpora onder Statutes. If Registered Agent signature requirements and the statute in the statute	orud when reinstilling!	PL	
SIGNATURE	Signature Typed or printed name of registered age	ect and title if appli	icabie (NC RS	tes, the above-named cor authorized by the corpora onder Statutes. If Regerered Agent sonature required 13. 11 TILLE 12 NAME	orud when reinstilling!	PL	
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