

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

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S48439**

(1)

1. Corporation Name

K & E MOBILE HOME SALES, INC.

Principal Place of Business

Mailing Address

RT 17 BOX 2225
LAKE CITY FL 32055

RT 17 BOX 2225
LAKE CITY FL 32055-9817



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 1401 Old Troy Rd		26 1401 Old Troy Rd		04/25/1991	07/12/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 Lake City, FL		28 Lake City, FL		59-3065953	Not Applicable
24 32025 25 USA		29 32025 30 USA		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

MCCAULEY, MICHAEL L
RT. 2 BOX 239
WELLBORN FL 32094

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

McCawley Michael L.
1401 Old Troy Rd
Lake City FL 32025

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. McCawley

(NOTE: Registered Agent signature required when reinstating)

4-28-97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	MCCAULEY, MICHAEL L	1.2 NAME	
STREET ADDRESS	RT. 2 BOX 239	1.3 STREET ADDRESS	
CITY-ST-ZIP	WELLBORN FL 32094	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	MCCAULEY, MICHAEL L	2.2 NAME	
STREET ADDRESS	RT 2 BOX 239	2.3 STREET ADDRESS	
CITY-ST-ZIP	WELLBORN FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
NAME	MCCAULEY, GWENDOLYN K	3.2 NAME	
STREET ADDRESS	RT. 2 BOX 239	3.3 STREET ADDRESS	
CITY-ST-ZIP	WELLBORN FL 32094-Y	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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.

SIGNATURE:

Michael L. McCawley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97

DATE

904-758-9683

DAYTIME PHONE #