FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **S66770** **(6)**

1. Corporation Name
MUSTANG MOBILE HOMES, INC.

Principal Place of Business	Mailing Address
4116 PHILLIPS HWY JACKSONVILLE FL 32207 US	4116 PHILLIPS HIGHWAY JACKSONVILLE FL 32207-6837 US

3. Date Incorporated or Qualified: 07/10/1991
3a. Date of Last Report: 04/04/1996

2. Principal Place of Business
21 7024 San Sabastian Ave
22 Suite, Apt. #, etc.
23 City & State: Jacksonville, FL.
24 Zip: 32217
25 Country: DUVAL

2a. Mailing Address
27 7024 San Sabastian Av.
Suite, Apt. #, etc.
28 City & State: Jacksonville, FL.
29 Zip: 32217
30 Country: DUVAL

4. FEI Number: 59-3075280 ☐ 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

LEPRELL, SAMUEL L.
1301 GULF LIFE DRIVE
SUITE 1500
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: Wayne W. Limkeman
82 Street Address (P.O. Box Number is Not Acceptable): 7024 San Sabastian Av.
83
84 City: Jacksonville FL 85 Zip Code: 32217

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: Wayne W. Limkeman Wayne W. Limkeman Pres. 4/23/97
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	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LIMKEMAN, WAYNE W	1.2 NAME	
STREET ADDRESS	7024 SAN SABASTIAN AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Wayne W. Limkeman Wayne W. Limkeman 4/23/97 904-233-5162