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 APR 18 PM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S68823** **(1)**

1. Corporation Name
K & W MOBILE HOME SALES OF OCALA, INC.

Principal Place of Business	Mailing Address
4365 SE PINE AVE OCALA FL 34480 US	P.O. BOX 480 BOSTWICK FL 32007

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/22/1991**
3a. Date of Last Report: **04/05/1994**

2. Principal Place of Business
21: **2114 NW PINE AVE**
22: Suite, Apt. #, etc.
23: City & State: **OCALA, FLORIDA**
24: Zip: **34475**
25: Country: **MARION**

2a. Mailing Address
26: **PO BOX 2404**
27: Suite, Apt. #, etc.
28: City & State: **PALATKA, FLORIDA**
29: Zip: **32178-2404**
30: Country: **PUTNAM**

4. FEI Number: **59-3082140** ☐ 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

WILKINSON, BEN
385 PALMETTO BLUFF RD
BOSTWICK FL 32007

10. Name and Address of New Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**CPD**	1.1 TITLE	☐ Change ☐ Addition
NAME	**WILKINSON, BEN**	1.2 NAME	
STREET ADDRESS	**385 PALMETTO BLUFF RD**	1.3 STREET ADDRESS	
CITY-ST-ZIP	**BOSTWICK FL**	1.4 CITY-ST-ZIP	
TITLE	**SD**	2.1 TITLE	☐ Change ☐ Addition
NAME	**HARRIS, HARVEY M.**	2.2 NAME	
STREET ADDRESS	**3030 SE 8TH ST**	2.3 STREET ADDRESS	
CITY-ST-ZIP	**OCALA FL**	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 119.07(3)(k), 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 asterisk.

SIGNATURE: B N Wilkinson **APRIL 3, 1995** **904/325-8013**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BEN N. WILKINSON / PRESIDENT

0400486 FP