**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

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

1. Corporation Name

**K & W MOBILE HOME SALES OF OCALA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2114 NW PINE AVE<br>OCALA FL 34475<br>US | PO BOX 2404<br>BOSTWICK FL 32178-2404<br>US |

3. Date Incorporated or Qualified: **07/22/1991**

3a. Date of Last Report: **04/18/1995**

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | Country 25

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

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 Section 607.0505 and 607.1508, Florida Statutes, the undersigned corporation files 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 _____

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | CPD | ☐ DELETE | 1 TITLE | ☐ Change ☐ Addition |
| NAME | WILKINSON, BEN | | 1 NAME | |
| STREET ADDRESS | 385 PALMETTO BLUFF RD | | 1 STREET ADDRESS | |
| CITY-ST-ZIP | BOSTWICK FL | | 1 CITY-ST-ZIP | |
| TITLE | SD | ☐ DELETE | 2 TITLE | ☐ Change ☐ Addition |
| NAME | HARRIS, HARVEY M. | | 2 NAME | |
| STREET ADDRESS | 3030 SE 8TH ST | | 2 STREET ADDRESS | |
| CITY-ST-ZIP | OCALA FL | | 2 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 3 TITLE | ☐ Change ☐ Addition |
| NAME | | | 3 NAME | |
| STREET ADDRESS | | | 3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 3 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 4 TITLE | ☐ Change ☐ Addition |
| NAME | | | 4 NAME | |
| STREET ADDRESS | | | 4 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5 NAME | |
| STREET ADDRESS | | | 5 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6 NAME | |
| STREET ADDRESS | | | 6 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is true. Filing is voluntary. Furthermore, I am aware and do not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental attachment 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 attached sheet with an address.

**SIGNATURE:** B. N. Wilkinson 4/5/96 904-325-8013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)