FILENOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # \$85253**

1. Corporation CORDEL	L MOBILE HOME SUPPL	Y, INC.									
Principal Place of Business Mailing Address											
4415 SE 53RD CT							DO NOT WRITE IN THIS SPACE				
						2 0	ate Incorporated or Qualifec		7017104		
						1	10/01/1991	<u> </u>			
2. Principal Pl	ace of Business	2a. Mailing Addre	2a. Mailing Address							plied For	
21		26				5	59-3085429		.No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.				5. Certificate of Status Desired				
22		City & State									
City & State	8	City & State	├ ¬				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	ip Country Zip			Country			his corporation owes the cu	rrent year In		1	
24	25 29 30						Personal Property Tax.		☐ Yes	□No	
	9. Name and Address of Cur	rent Registered Agent				10. N	Name and Address of New	Registered	Agent		
-		17		81	Name			•			
KRUEGER, SCOTT DAVID					O) A	ddana (D.C	2. Boy Number is Not Asses	table)			
234 SOUTH MAIN ST.				82	Street At	et Address (P.O. Box Number is Not Acceptable)			A	SERVE BUENCHANN	
GAINESVILLE FL 32601				83			· · · · · · · · · · · · · · · · · · ·				
				84	City			FL	85 Zip (Code	
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Flonda. Such chang igations of, Section 607.0	ge was authorized 505, Florida Stat	utes	tne corpora	alion's boa	its of directors. Thereby acce	spt the appo	f changing its intment as re	registered gistered	
0.0.1.110112	Signature, typed or printed name of registered			Ager	nt signature req	quired when rein	nstating)	DATE	ND DIRECTO	DC IN 12	
12.	OFFICERS	AND DIRECTORS	13.			. At	ODITIONS/CHANGES TO O	FFICERS A	Change	Addition	
TITLE	D	_		1.1 TITLE		4	and the same of th		□ cuanâ	L Addition	
NAME	CORDELL, CECIL 12			1.2 NAME							
STREET ADDRESS	REET ADDRESS 2401 SE 26TH ST 14			1.3 STREET ADDRESS							
CITY-ST-7IP	CITY-ST-ZIP OCALA FL 34471			1.4 CITY-ST-ZIP							
TITLE				2.1 TITLE					Change	☐ Addition	
NAME	CORDELL, MARY		2.2 N	AME				•		1	
STREET ADDRESS	ALOY OF BOTH OT			2.3 STREET ADDRESS						1	
	OCALA EL 24471				2.4 CITY-ST-ZIP						
CITY-ST-ZIP	00/12/12 01111	□ DI	LETE 3.1 T			.,			Change	_ Addition	
NAME X			3.2 N								
STREET ADDRESS	TBOVIET - K BIKU N		3.3 S	TREE	T ADDRESS		2 15 15 16 15 15 15 15 15 15 15 15 15 15 15 15 15				
CITY-ST-ZIP					ST-ZIP		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	VALUE - 1.70	Change	2840 246 COM	
TITLE		□ DI	ELETE 4.1 T	ITLE	-		1 , 6 ; 4 (; ,\$	To be a facility	· El cuange:	AUGUON	
NAME			4.21	VAME					•		
STREET ADDRESS	d				TADDRESS		•				
CITY-ST-ZIP					T-ZIP		· · · · · · · · · · · · · · · · · · ·		Change	Addition	
TITI F	l	[] DI	ELETE 5.1 T	ITLE			•			☐ ∀aqqqqq	

CITY-ST-ZIP 14. I 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 open attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADORESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

OFFICER OR DIRECTOR

☐ DELETE

☐ Change

Addition

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90027 013 ***150.00