

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V60861

(4)

1. Corporation Name

MOBILE HOME ASSISTANCE, INC.



Principal Place of Business

715 KUHLE AVENUE
ORLANDO FL 32801

Mailing Address

715 KUHLE AVENUE
ORLANDO FL 32801

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ROBINSON, JOHN D.
200 E. ROBINSON STREET
SUITE 1020
ORLANDO FL 32801

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

Signature, typed or printed name of registered agent and state of incorporation

(NOTE: Registered Agent signature is printed below)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D
GLASSEY, JOHN R.
715 KUHLE AVENUE
ORLANDO FL

☒ DELETE

1. TITLE

P
Goldacker, Gary
1740 Sunset Drive
Winter Park, FL 32789

☒ Change ☐ Addition

NAME

2. NAME

STREET ADDRESS

13. STREET ADDRESS

CITY-STATE-ZIP

14. CITY-STATE-ZIP

TITLE

☐ DELETE

2. TITLE

NAME

22. NAME

STREET ADDRESS

23. STREET ADDRESS

CITY-STATE-ZIP

24. CITY-STATE-ZIP

TITLE

☐ DELETE

3. TITLE

NAME

32. NAME

STREET ADDRESS

33. STREET ADDRESS

CITY-STATE-ZIP

34. CITY-STATE-ZIP

TITLE

☐ DELETE

4. TITLE

NAME

42. NAME

STREET ADDRESS

43. STREET ADDRESS

CITY-STATE-ZIP

44. CITY-STATE-ZIP

TITLE

☐ DELETE

5. TITLE

NAME

52. NAME

STREET ADDRESS

53. STREET ADDRESS

CITY-STATE-ZIP

54. CITY-STATE-ZIP

TITLE

☐ DELETE

6. TITLE

NAME

62. NAME

STREET ADDRESS

63. STREET ADDRESS

CITY-STATE-ZIP

64. CITY-STATE-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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/96

(407) 740-8408

CR2E034 (12/95)