SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 8:57

DOCUMENT # **V66095** **(3)**

1. Corporation Name
A MOBILE HOME DEPOT, INC.

Principal Place of Business	Mailing Address
909 SOUTH PAROTT AVE SUITE 138 OKEECHOBEE FL 34974	909 SOUTH PAROTT AVE SUITE 138 OKEECHOBEE FL 34974

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1992
3a. Date of Last Report: 08/30/1994

2. Principal Place of Business	2a. Mailing Address
21 4532 U.S. 27 S.	26 4532 U.S. 27 S.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SEBRING, FL.	City & State 28 SEBRING, FL.
24 33872 25 HIGHLANDS	29 33872 30 HIGHLANDS

4. FEI Number: 65-0358597 ☐ 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

TYLER, JAMES N
909 S PARROTT AVE
OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent

81 Name: STEPHEN L. GUZMAN
82 Street Address (P.O. Box Number is Not Acceptable): 4532 U.S. 27 South
83
84 City: SEBRING FL 85 Zip Code: 33872

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] DATE: 6-19-95
(Type or print 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	P	11 TITLE	☐ Change ☐ Addition
NAME	GUZMAN, STEPHEN L	12 NAME	
STREET ADDRESS	416 9 AVE	13 STREET ADDRESS	
CITY ST ZIP	SEBRING FL	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	GUZMAN, RICHARD	22 NAME	
STREET ADDRESS	1325 NW AVE L	23 STREET ADDRESS	
CITY ST ZIP	BELLE GLADE FL	24 CITY ST ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	GUZMAN, DIANE W	32 NAME	
STREET ADDRESS	416 9 AVE	33 STREET ADDRESS	
CITY ST ZIP	SEBRING FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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: [signature] 6-19-95 813-471-3528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
STEPHEN L. GUZMAN - PRESIDENT

0T10416 CP