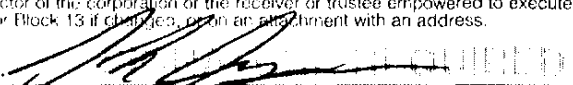


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V66095 (3)					
1. Corporation Name A MOBILE HOME DEPOT, INC.					
Principal Place of Business 4532 US 27 S SEBRING FL 33872 US			Mailing Address 4532 US 27 S SEBRING FL 33870-5524 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 09/21/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. Date of Last Report 03/06/1996	
City & State 22		City & State 27		4. FEI Number 65-0358597	
Zip 23		Country 28		Applied For ☐ Not Applicable	
Country 24		Country 29		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Country 25		Country 30		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country 26		Country 31		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent GUZMAN, STEPHEN L. 4532 US 27 S SEBRING FL 33872			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 _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	P	☐ DELETE			
NAME	GUZMAN, STEPHEN L				
STREET ADDRESS	416 9 AVE				
CITY - ST - ZIP	SEBRING FL				
TITLE	V	☐ DELETE			
NAME	GUZMAN, RICHARD				
STREET ADDRESS	1325 NW AVE L				
CITY - ST - ZIP	BELLE GLADE FL				
TITLE	ST	☐ DELETE			
NAME	GUZMAN, DIANE W				
STREET ADDRESS	416 9 AVE				
CITY - ST - ZIP	SEBRING FL				
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
☐ Change ☐ Addition					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					
14. I do 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 this 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, upon an attachment with an address.					
SIGNATURE:  1-7-97 941-471-0015					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)