

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90046 026 ***150.00

DOCUMENT # V66095

1. Corporation Name
MOBILE HOME DEPOT, INC.

Principal Place of Business
4532 US 27 S
SEBRING FL 33872
US

Mailing Address
4532 US 27 S
SEBRING FL 33872
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1992

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUZMAN, STEPHEN L.
4532 US 27 S
SEBRING FL 33872

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME GUZMAN, STEPHEN L.
STREET ADDRESS 416 9 AVE
CITY-ST-ZIP SEBRING FL ☐ DELETE

1.1 TITLE P
1.2 NAME GUZMAN, STEPHEN L. ☒ Change ☐ Addition
1.3 STREET ADDRESS P.O. BOX 614
1.4 CITY-ST-ZIP PLACIDA, FL 33946

TITLE V
NAME GUZMAN, RICHARD
STREET ADDRESS 1325 NW AVE L
CITY-ST-ZIP BELLE GLADE FL ☐ DELETE

2.1 TITLE V
2.2 NAME GUZMAN, RICHARD L. ☒ Change ☐ Addition
2.3 STREET ADDRESS 630 MARINERS WAY
2.4 CITY-ST-ZIP BOYNTON BCH, FL 33435

TITLE ST
NAME GUZMAN, DIANE W
STREET ADDRESS 416 9 AVE
CITY-ST-ZIP SEBRING FL ☒ DELETE

3.1 TITLE ST
3.2 NAME GUZMAN, RICHARD L. ☐ Change ☒ Addition
3.3 STREET ADDRESS 630 MARINERS WAY
3.4 CITY-ST-ZIP BOYNTON BCH, FL 33435

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STEPHEN L. GUZMAN 3-10-99 (84) 628-1124

0431871

CR2E034 (11/98)