

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)


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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 AUG 18 PM 1:16

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # V71454 (5)

1. Corporation Name
PIONEER MOBILE HOME SALES, INC.

Principal Place of Business 351 8TH AVE W BRADENTON FL 34205 US	Mailing Address 339 6TH AVENUE W BRADENTON FL 34205 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/01/1992	3a. Date of Last Report 03/08/1996
4. FEI Number 65-0359124	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 17200 Pioneer Street
22 City & State	27 City & State
23 Zip	28 N. Ft. Myers, FL
24 Country	29 33917
25	30 USA

9. Name and Address of Current Registered Agent EDMONDSON, LOUIS E 351 8TH AVENUE W BRADENTON FL 34205	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	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 _____ DATE _____
 Signature, typed or printed 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTS, DALE	1.2 NAME	
STREET ADDRESS	17200 PIONEER STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS FL	1.4 CITY-ST-ZIP	400002271994--8
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	-08/20/97--000000--005 Addition
NAME		2.2 NAME	****165.00 ****165.00
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

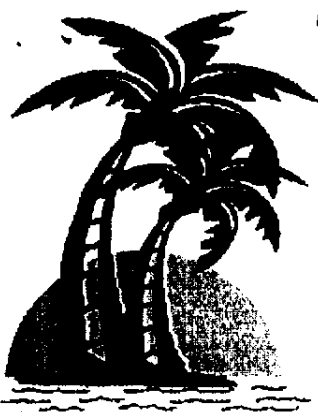
CP2E034 (4/97)

JB
8-19-97

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 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 _____

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PIONEER VILLAGE RESORT

R. V. - MOBILE HOME COMMUNITY
(941) 543-3303 • Fax (941) 543-3498

Florida Department of State
Division of Corporations
Annual Report Section

August 13, 1997

Subject: Corporate Filing Fee

I spoke with Jackie at the division of Corporations, Annual Report Section, she advised me to write this letter. Pioneer Village did not receive a 1st notice of the annual report filing fee. I only receive a 2nd notice and so, we are requesting to pay only the \$165.00 amount which I would have been invoiced. I

Sincerely,

A handwritten signature in cursive script that reads "Dale W. Potts".

Dale W. Potts