

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90090 011 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 279947

1. Corporation Name
PALM HARBOR HOMES, INC.

Principal Place of Business 15303 DALLAS PARKWAY SUITE 800 DALLAS TX 75248	Mailing Address 15303 DALLAS PARKWAY SUITE 800 DALLAS TX 75248
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 15303 Dallas Parkway Suite, Apt. #, etc. 22 Suite 800 City & State 23 Dallas, TX Zip 24 75001 Country 25 US	2a. Mailing Address 26 15303 Dallas Parkway Suite, Apt. #, etc. 27 Suite 800 City & State 28 Dallas, TX Zip 29 75001 Country 30 US
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3. Date Incorporated or Qualified 03/30/1964	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-1036634	
5. Certificate of Status Desired <input checked="" 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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C <input type="checkbox"/> DELETE
NAME	POSEY, LEE
STREET ADDRESS	17427 CLUB HILL DRIVE
CITY-ST-ZIP	DALLAS TX 75248
TITLE	PCEO <input type="checkbox"/> DELETE
NAME	KEENER, LARRY
STREET ADDRESS	1804 KINGS ISLE
CITY-ST-ZIP	PLANO TX 75093
TITLE	EVP <input type="checkbox"/> DELETE
NAME	CHANEY, SCOTT
STREET ADDRESS	5912 ROYAL PALM DRIVE
CITY-ST-ZIP	PLANO TX 75093
TITLE	SCFO <input type="checkbox"/> DELETE
NAME	TACKE, KELLY
STREET ADDRESS	4943 SANDESTIN
CITY-ST-ZIP	DALLAS TX 75287
TITLE	T <input type="checkbox"/> DELETE
NAME	MARTIN, SCOTT
STREET ADDRESS	17200 WESTGROVE, #2216
CITY-ST-ZIP	DALLAS TX 75248
TITLE	D <input type="checkbox"/> DELETE
NAME	THOMAS, WILLIAM R
STREET ADDRESS	7418 OVERDALE DRIVE
CITY-ST-ZIP	DALLAS TX 75240

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Kelly Tacke DATE: 1/19/99 DAYTIME PHONE #: 972-991-2422

CR2E034 (1/98)