

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 AM 11:24

DOCUMENT # **822899** (1)
1. Corporation Name
PHOENIX MOBILE HOMES, INC.

Principal Place of Business Mailing Address
1330 CHARLESTOWN ROAD PHOENIXVILLE PA 19460

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/06/1969** 3a. Date of Last Report **03/16/1994**
4. FEI Number **23-1570943** 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

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 constituting

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME OVERSTREET, JAMES
STREET ADDRESS 1330 CHARLESTOWN RD.
CITY - ST - ZIP PHOENIXVILLE PA
TITLE S
NAME FIFER, ELIZABETH
STREET ADDRESS 1090 POTHOUSE RD
CITY - ST - ZIP PHOENIXVILLE, PA 00000
TITLE T
NAME OVERSTREET, JAMES
STREET ADDRESS 1330 CHARLESTOWN RD.
CITY - ST - ZIP PHOENIXVILLE PA
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **1281 JAMIE LN - BOX 157**
2.4 CITY - ST - ZIP **BIRCHRUNVILLE, PA. 17421**
3.1 TITLE Change Addition
3.2 NAME **FIFER, ELIZABETH**
3.3 STREET ADDRESS **1281 JAMIE LN - BOX 157**
3.4 CITY - ST - ZIP **BIRCHRUNVILLE, PA. 17421**
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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(2)(b), 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: *Elizabeth A. Fifer* (Elizabeth A. Fifer) 2/6/95 410-933-5627
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Date) (Typed Name)