

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

DOCUMENT # **328092** (2)
1. Corporation Name
D AND M MOBILE HOME PARK, INC.

95 MAR -7 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**3600 S.E. MARIPOSA AVE., LOT D
PORT ST LUCIE FL 34952-7413** **3600 S.E. MARIPOSA AVE., LOT B
PORT ST LUCIE FL 34952-7413**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/28/1968** 3a. Date of Last Report **04/22/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number **59-1267836** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WININGER, DONALD V
3600 SE MARIPOSA AVENUE
PORT ST LUCIE FL 34952**

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 of individual or person named as registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
WININGER, MARYJANE
3600 SE MARIPOSA AVE
PT ST LUCIE, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
WININGER, MARVIN Z
3600 SE MARIPOSA AVE
PT ST LUCIE, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
WININGER, MARVIN Z
3600 SE MARIPOSA AVE
PT ST LUCIE, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
WININGER, DONALD V
3600 SE MARIPOSA AVE
PT ST LUCIE, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
WININGER, LOIS
3600 SE MARIPOSA AVE
PT ST LUCIE FL**

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
2.4 CITY - ST - ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donald V. Winger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 335-1312
Telephone No.