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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745007 (5)
1. Corporation Name
GULF COVE TRALER PARK, INC.

Principal Place of Business 18281 SAN CARLOS BLVD. FT. MYERS BEACH FL 33931	Mailing Address 18281 SAN CARLOS BLVD. FT. MYERS BEACH FL 33931
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/20/1978	3a. Date of Last Report 04/28/1994
4. FEI Number 59-1951880	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent
**COREY, FRED M.
3045 ESTARO BLVD.
FT. MYERS BEACH, FL. 33931**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	P
NAME	SHAFER, BETTY
STREET ADDRESS	18281 SAN CARLOS BLVD
CITY-ST-ZIP	FT MYERS BCH, FL 00000
TITLE	D
NAME	YOUNG CHARLES
STREET ADDRESS	18281 SAN CARLOS BLVD
CITY-ST-ZIP	FT MYERS BCH, FL 00000
TITLE	STD
NAME	POTTER, MADGE LUCILE
STREET ADDRESS	18281 SAN CARLOS BLVD.
CITY-ST-ZIP	FT MYERS BCH, FL 00000
TITLE	D
NAME	HARDY, WILLIAM
STREET ADDRESS	18281 SAN CARLOS BLVD
CITY-ST-ZIP	FT. MYERS FL
TITLE	D
NAME	ROSE, KATHERINE
STREET ADDRESS	18281 SAN CARLOS BLVD
CITY-ST-ZIP	FT MYERS FL
TITLE	V
NAME	HUBATCHERK, HENRY
STREET ADDRESS	18281 SAN CARLOS BLVD
CITY-ST-ZIP	FT. MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHAFER, BETTY	
1.3 STREET ADDRESS	18281 SAN CARLOS BLVD	
1.4 CITY-ST-ZIP	FT. MYERS BCH, FL. 33931	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SMITH, DONALD E	
2.3 STREET ADDRESS	19281 SAN CARLOS BLVD	
2.4 CITY-ST-ZIP	FT. MYERS BCH, FL. 33931	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Madge Lucile Potter **4-17-95** **913-463-4807**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
MADGE LUCILE POTTER