2-15-95 B-1259-XC

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:23

DOCUMENT # 747524 (7)

1. Corporation Name

PINE ISLAND CANAL MOBILE HOME IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1617 BASS AVENUE SEVILLE FL 32190	1617 BASS AVENUE SEVILLE FL 32190

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1979
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-0388034 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

HOLSAPPLE, JAMES
1629 BASS AVENUE
SEVILLE FL 32090

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 James R. Holsapple 2-7-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D ☐ Change ☑ Addition
NAME	WHITED, REBA M.	1.2 NAME	HILDA BALON
STREET ADDRESS	1617 BASS AVENUE	1.3 STREET ADDRESS	1623 BASS AVE
CITY-ST-ZIP	SEVILLE FL	1.4 CITY-ST-ZIP	SEVILLE, FL 32190
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	KILKENNY, ROBERT E.	2.2 NAME	
STREET ADDRESS	1602 BREAM DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEVILLE FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	HOLSAPPLE, VIRGINIA	3.2 NAME	
STREET ADDRESS	1629 BASS AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEVILLE FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, HAZEL	4.2 NAME	
STREET ADDRESS	1628 BREAM DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MULHERON, RALPH	5.2 NAME	
STREET ADDRESS	1624 BASS AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HOLSAPPLE, JAMES R.	6.2 NAME	
STREET ADDRESS	1629 BASS AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEVILLE FL	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(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Reba M. Whited REBA M. WHITED 2-7-95 904-749-2032
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0021721