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Feb 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 32190-7800

3. Date Incorporated or Qualified
06/06/1979

3a. Date of Last Report
02/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

HOLSAPPLE, JAMES
1629 BASS AVENUE
SEVILLE FL 32090

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 -

TITLE ☐ DELETE
NAME P
STREET ADDRESS WHITED, REBA M.
CITY - ST - ZIP 1617 BASS AVENUE
SEVILLE FL

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME D
1.3 STREET ADDRESS Hilda Balon
1.4 CITY - ST - ZIP 1623 Bass Ave.
Seville, Fl 32190 ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME V
STREET ADDRESS KILKENNY, ROBERT E.
CITY - ST - ZIP 1602 BREAM DR.
SEVILLE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME S
STREET ADDRESS HOLSAPPLE, VIRGINIA
CITY - ST - ZIP 1629 BASS AVE.
SEVILLE FL

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

TITLE ☐ DELETE
NAME T
STREET ADDRESS WILSON, HAZEL
CITY - ST - ZIP 1628 BREAM DR.
SEVILLE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS MULHERON, RALPH
CITY - ST - ZIP 1624 BASS AVENUE
SEVILLE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS HOLSAPPLE, JAMES R.
CITY - ST - ZIP 1629 BASS AVE.
SEVILLE FL

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 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, President

1-24-97 - 904-749-2032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone 0003883

CR2E037 (9/96)