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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H30649

(8)

CLEWISTON TRAILER PARK, INC.

FILED Apr 15 1997 8:00am Secretary of State

Principal Place of Business % RUTH THOMPSON 831 SAGAMORE STREET CLEWISTON FL 33440-4012		831 SAGAMORE ST	Mailing Address % RUTH THOMPSON 831 SAGAMORE STREET CLEWISTON FL 33440		I ILBURY GABL HITH BOURD BLUT DYDNA DIDNI DURNU RURNI RURNI DIDNI DURNI BURNI BURNI			
						3. Date incorporated or Qualified 11/16/1984	3a. Date of L 02/15/19	
2. Principal Place of Business 21		2a. Mailing Addres	28. Mailing Address			4. FEI Number 59-2462637		Applied For Not Applicab
Suite, Apt	t #, etc.	Suite, Apt. #, e	tc			5. Certificate of Status Desired		.75 Additional
City & Sta	ate	City & State				Election Campaign Financing Trust Fund Contribution		0.00 May Be
Zip	Country	Zip		Country		8. This corporation has liability for in		der s. 199.032,
24	25	29	30				Yes No	
	9. Name and Address of Cui	rrent Registered Agent			Nie	10. Name and Address of New Rec	istered Agent	
	OMPSON, RUTH			81	Name			
831 SAGAMORE STREET CLEWISTON FL 33440						ddress (P.O. Box Number is Not Acceptabl	e)	
				83				
				84	City		FL 85	Zip Code
11. Pursuan	t to the provisions of Sections 607	0502 and 607.1508. Florida	Statutes the	above	-named c	orporation submits this statement for the pu	roose of chang	oina its reaistere
office or agent. I SIGNATURE	am familiar with, and accept the ob	tate of Florida. Such change oligations of, Section 607.05	e was authori 505, Florida S	ized by Statutes.	the corpo	oration's board of directors. I hereby accept	t the appointme	ent as registered
	Signature type dior printed name of registored	agent and title if applicable	(NOTE: Regist	lered Ager	al signal us s	and the second second second	5475	
		· · · · · · · · · · · · · · · · · · ·			n signature is		DATE	
12.	OFFICERS	AND DIRECTORS	1	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	
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I. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

941-983-7392

SIGNATURE:

NATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 ~10-9

941-983-2804 Daytime Prione 1