

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09075 (5)

1. Corporation Name
FRANCIS #2 MOBILE PARK INC.



Principal Place of Business 2800 REAL MCCOY DRIVE SEBRING FL 33870	Mailing Address 2800 REAL MCCOY DRIVE SEBRING FL 33870
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3. Date Incorporated or Qualified
05/06/1985

4. FEI Number
59-2650329

Applied For	
Not Applicable	

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

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**PHILLIP W. STATLER,
3200 US 27 SOUTH
STE. 306
SEBRING FL 33870**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> DELETE
NAME LOKER, JAMES	
STREET ADDRESS 2053 PARADISE PARK	
CITY-ST-ZIP SEBRING FL	
TITLE V	<input type="checkbox"/> DELETE
NAME LENOIR, HENRY A	
STREET ADDRESS 3239 ROSE RD.	
CITY-ST-ZIP SEBRING FL	
TITLE T	<input type="checkbox"/> DELETE
NAME LENOIR, NINA	
STREET ADDRESS 3239 ROSE ROAD	
CITY-ST-ZIP SEBRING FL	
TITLE S	<input type="checkbox"/> DELETE
NAME MARJORIE FLEISCHMANN,	
STREET ADDRESS 3105 PARADISE PATH	
CITY-ST-ZIP SEBRING FL 33870	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME BAUER, ROBERT SR	
STREET ADDRESS 3154 PARADISE PATH	
CITY-ST-ZIP SEBRING FL 33870	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME WARREN PEASE,	
STREET ADDRESS 3052 LAS VEGAS BLVD.	
CITY-ST-ZIP SEBRING FL 33870	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME ROBERT BAUER, SR.	
1.3 STREET ADDRESS 3154 Paradise Path	
1.4 CITY-ST-ZIP Sebring, FL. 33870	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Walter Price	
5.3 STREET ADDRESS 3229 Paradise Path	
5.4 CITY-ST-ZIP Sebring, FL. 33870	
6.1 TITLE D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME Floyd Diardorff	
6.3 STREET ADDRESS 3126 San Francisco Lane	
6.4 CITY-ST-ZIP Sebring, FL. 33870	

14. I 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: *Nina M. Lenoir* Treasurer 1/26/98

CR2E037 (10/97)