

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR -8 PM 2:31

DOCUMENT # S16716 (0)

1. Corporation Name

LEISURE HOMES MOBILE HOME PARK, INC.

Principal Place of Business

2100 HWY. 92 W.
WINTER HAVEN FL 33881

Mailing Address

PO BOX 1679
AUBURDALE FL 33823-1679
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/30/1990** 3a. Date of Last Report **03/08/1994**

4. FEI Number **59-3041860** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution** **Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 State, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**VERPLANCK, JAMES
505 QUEENS LOOP N.
LAKELAND FL 33803**

10. Name and Address of New Registered Agent

81 Name **VERPLANCK, JAMES**
82 Street Address (P.O. Box Number is Not Acceptable)
3525 BRIDGEFIELD DRIVE
83
84 City **LAKELAND** FL 85 Zip Code **33803**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MAROWSKA, ROBERT
STREET ADDRESS	31 WINDEMERE
CITY - ST - ZIP	GROSSE PT.FARMS MI
TITLE	VD
NAME	VERPLANCK, WILLIAM
STREET ADDRESS	6713 ENGLELAKE DRIVE
CITY - ST - ZIP	LAKELAND FL
TITLE	STD
NAME	VERPLANCK, JAMES
STREET ADDRESS	3525 BRIDGEFIELD DRIVE
CITY - ST - ZIP	LAKELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	<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 provided in Section 110.07(3)(b), Florida Statutes. I further certify that the information articulated 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with explanation.

SIGNATURE:

(Signature and typed or printed name of registered officer or director)

(Title)

(Date) (Month) (Year)