

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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AND  
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1997 JUL 16 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 271413  
1. Corporation Name

TWIN PALMS MOBILE HOME COURT, INC.

Principal Place of Business 14300 66TH ST N CLEARWATER, FL 33764 NOTE: ZIP CODE CHANGE	Mailing Address 1424 S. EVERGREEN AVE CLEARWATER, FL 33756-2213
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/28/1963	3a. Date of Last Report 04/19/1996
4. FEI Number 59-1027156	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution T	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JONES, EARL O JR 1424 S. EVERGREEN AVE CLEARWATER, FL 33756-2213 NOTE: ZIP CODE CHANGE
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 reinstating) DATE	
12. OFFICERS AND DIRECTORS 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.7 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.8 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.9 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.10 TITLE NAME STREET ADDRESS CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP 2.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP 2.7 TITLE NAME STREET ADDRESS CITY-ST-ZIP 2.8 TITLE NAME STREET ADDRESS CITY-ST-ZIP 2.9 TITLE NAME STREET ADDRESS CITY-ST-ZIP 2.10 TITLE NAME STREET ADDRESS 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Earl O Jones Jr. 7-8-97 813-442-4785  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)