

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 309970 (2)

1. Corporation Name

DONOVAN'S TRAILER PARK, INC.



Principal Place of Business

**16940 US 19 NORTH
CLEARWATER FL 34624**

Mailing Address

**16940 US 19 NORTH
CLEARWATER FL 34624**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 **15499 BRISTOL CIR., W.**

27 Suite, Apt. #, etc.

28 City & State

CLEARWATER, FL

29 Zip

34624

30 Country

U.S.

9. Name and Address of Current Registered Agent

**ALLEN, THOMAS J
16940 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34624**

3. Date Incorporated or Qualified

10/13/1966

3a. Date of Last Report

04/17/1995

4. FEI Number

59-1155160

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

10. Name and Address of New Registered Agent

8 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 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 date of signature

th/11 Registered Agent signature required when filing this statement

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
ALLEN, THOMAS J
16940 U.S. HWY. 19 NORTH
CLEARWATER FL 34624

TITLE ☐ DELETE

D
ALLEN, RICHARD J
1975 E. DRUID RD.
CLEARWATER FL 34624

TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

**15499 BRISTOL CIRCLE, WEST
CLEARWATER, FL 34624**

**6087 COLCHESTER
SPRING HILL, FL. 34609**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Thomas J. Allen

CEC

4/24/96

813-536-5877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)