

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

FILED

May 06 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 309970 (2)
1. Corporation Name
DONOVAN'S TRAILER PARK, INC.

Principal Place of Business
16940 US 19 NORTH
CLEARWATER FL 34624

Mailing Address
15499 BRISTOL CIRCLE WEST
CLEARWATER FL 34624
US



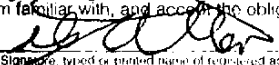
DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|--|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 | | 3. Date Incorporated or Qualified 10/13/1966 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 59-1155160 | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 Zip | | 28 City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 Country | | 29 Zip | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 25 Country | | 30 Country | | 10. Name and Address of New Registered Agent | |

9. Name and Address of Current Registered Agent
ALLEN, THOMAS J
15499 BRISTOL CIR W
CLEARWATER FL 34624

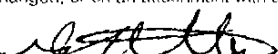
81 Name Thomas J. Allen
82 Street Address (P.O. Box Number is Not Acceptable)
6359 18th St. N.E.
83
84 City St. Petersburg FL 85 Zip Code 33702

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  Thomas J. Allen 4/8/98
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|---|---------------------------|
| TITLE | PST | 1.1 TITLE | P, S, T |
| NAME | ALLEN, THOMAS J | 1.2 NAME | Allen, Thomas J |
| STREET ADDRESS | 15499 BRISTOL CIRCLE WEST | 1.3 STREET ADDRESS | 6359 18th St. N.E. |
| CITY - ST - ZIP | CLEARWATER FL | 1.4 CITY - ST - ZIP | St. Petersburg, FL. 33702 |
| TITLE | D | 2.1 TITLE | |
| NAME | ALLEN, RICHARD J | 2.2 NAME | |
| STREET ADDRESS | 6410 E HILLSBOROUGH AVE | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | TAMPA FL | 2.4 CITY - ST - ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

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 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 4/8/98 813-522-2236

CR2E034 (10/97)