

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

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 327717
1. Corporation Name
NORTH RIDGE MOBILE HOME COURT, INC.

Principal Place of Business
2424 50th AVE. N.
ST. PETERSBURG, FL.
33714

Mailing Address
2424 50th AVE. N.
ST. PETERSBURG, FL.
33714

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	MAR 1968	1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-1205796	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	☐	
Zip	Zip	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	29	Trust Fund Contribution	☐
Country	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☒ No
25	30		

9. Name and Address of Current Registered Agent

DAN R. HOLDER
6228 28th TERR. N.
ST. PETERSBURG, FL. 33710

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

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

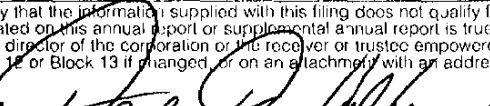
(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT/D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DAN R. HOLDER	1.2 NAME	
STREET ADDRESS	6228 28th TERR. N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33710	1.4 CITY-ST-ZIP	
TITLE	V. PRES./D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ANNA MARY HOLDER	2.2 NAME	
STREET ADDRESS	2424 50th AVE. N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33714	2.4 CITY-ST-ZIP	
TITLE	SEC. - TREAS./D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DARYL D. HOLDER	3.2 NAME	
STREET ADDRESS	2700 65th WAY N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33710	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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***165.00

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:  DARYL D. HOLDER 4-10-97 813-525-2417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)