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

**PROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # 327717**

1. Corporation Name

**NORTH RIDGE MOBILE HOME COURT INC**

| Principal Place of Business | Mailing Address |
|---|---|
| 2424 50TH AVE. NO<br>ST PETERSBURG FL 33714 | 2424 50TH AVE. NO<br>ST PETERSBURG FL 33714 |

**DO NOT WRITE IN THIS SPACE**

3. Date Incorporated or Qualifed
**03/20/1968**

| | | |
|---|---|---|
| 2. Principal Place of Business | 21 | |
| 2a. Mailing Address | 26 | |
| Suite, Apt. #, etc. | 22 | |
| Suite, Apt. #, etc. | 27 | |
| City & State | 23 | |
| City & State | 28 | |
| Zip | 24 | Country 25 |
| Zip | 29 | Country 30 |

4. FEI Number
**59-1205796**
Applied For / Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

HOLDER, DANNY R
6228 28 TERR N
ST PETERSBURG, FL
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 — 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE **PD** ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME **HOLDER, DANNY** | 1.2 NAME | |
| STREET ADDRESS **6228 28 TERR N** | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP **ST PETERSBURG, FL 00000** | 1.4 CITY-ST-ZIP | |
| TITLE **VD** ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME **HOLDER, ANNA** | 2.2 NAME | |
| STREET ADDRESS **2424 50 AVE N** | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP **ST PETERSBURG, FL 00000** | 2.4 CITY-ST-ZIP | |
| TITLE **STD** ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME **HOLDER, DARYL D** | 3.2 NAME | |
| STREET ADDRESS **2700 65TH WAY N.** | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP **ST.PETERSBURG, FL 00000** | 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 | |

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: _____ DARYL D. HOLDER 1-5-99  727-525-2417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #