

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 # 329633 (2)

1. Corporation Name

PARADISE MOBILE VILLAGE INC



Principal Place of Business

STATE ROAD 621  
POST OFFICE BOX 627  
LAKE PLACID FL 33852

Mailing Address

STATE ROAD 621  
POST OFFICE BOX 627  
LAKE PLACID FL 33852

3. Date Incorporated or Qualified  
05/03/1968

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-1263049

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24

Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACKSON, T.U. JR., --  
54 SIRENA DRIVE  
LAKE PLACID FL 33852

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME JACKSON, T U JR.,  
STREET ADDRESS 54 SIRENA DRIVE  
CITY- ST- ZIP LAKE PLACID FL ☐ DELETE

TITLE SD  
NAME JACKSON, JOANN  
STREET ADDRESS 54 SIRENA DRIVE  
CITY- ST- ZIP LAKE PLACID FL ☐ DELETE

TITLE VPD  
NAME JACKSON, THOMAS U, III  
STREET ADDRESS 430 ORANGE ROAD, NW  
CITY- ST- ZIP LAKE PLACID FL ☐ DELETE

TITLE TD  
NAME STANLEY, ELIZABETH LYNN  
STREET ADDRESS 113 GREENLEAF AVE  
CITY- ST- ZIP LAKE PLACID FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-23-96 941-465-3658

CR2E034 (12/95)