

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 3:04

DOCUMENT # 338659 (6)

1. Corporation Name

REGENCY HEIGHTS FOR MOBILE HOMES, INC.

Principal Place of Business

570 TALLAHASSEE DR., N.E.
ST. PETERSBURG FL 33702

Mailing Address

570 TALLAHASSEE DR., N.E.
ST. PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/10/1968

3a. Date of Last Report

03/01/1994

4. FEI Number

33-8659621

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

26. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

ERICSON, HARDY
570 TALLAHASSEE DR., N.E.
ST. PETERSBURG FL 33702

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 resigning)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

ERICSON, HARDY

570 TALLAHASSEE DR NE

ST PETERSBURG, FL 00000

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD

BATTS, LARRY

2113 CENTERVIEW CT S

CLEARWATER FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

BABCOCK, CHRISTINE

1888 BRIGHTWATER BLVD

ST PETERSBURG FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD

SWEET, CHARLES

4977 OXFORD AVENUE NORTH

ST PETERSBURG, FL 00000

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD

SAUERS, MARJORIE

#1205 1 BEACH DR SE

ST PETERSBURG, FL 00000

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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)(b), 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 of this report, or as an officer or director with an address.

SIGNATURE:

Hardy L. Ericson

Hardy L. Ericson

2/7/95

796-1364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Telephone