

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

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 386529 (2)

1. Corporation Name
LAKE RUNNYMEADE MOBILE PARK, INC.



Principal Place of Business 1333 HASKER CIRCLE ST CLOUD FL 34771 US	Mailing Address 1333 HASKER CIRCLE ST CLOUD FL 34771 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/06/1971	
21	22	26	27	4. FEI Number NOT APPLICABLE	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HASKER, CHARLES J 1333 HASKER CIRCLE ST CLOUD FL 34771				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				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: *Charles R. Hasker* **President**

(NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President
NAME	NORMAN, AARON H	1.2 NAME	Charles R. Hasker
STREET ADDRESS	1333 HASKER CIRCLE	1.3 STREET ADDRESS	1333 Hasker Circle 34771
CITY-ST-ZIP	ST CLOUD FL	1.4 CITY-ST-ZIP	ST. Cloud Fla
TITLE	TVD	2.1 TITLE	NICK HASKER Vice President
NAME	HASKER, CHARLES	2.2 NAME	4750 Oakwood Drive
STREET ADDRESS	1333 HASKER CIRCLE	2.3 STREET ADDRESS	ST CLOUD Fla
CITY-ST-ZIP	ST CLOUD FL	2.4 CITY-ST-ZIP	34772
TITLE	S	3.1 TITLE	SECRETARY
NAME	HASKER, BETTY	3.2 NAME	BRIAN SMOLDER
STREET ADDRESS	1333 HASKER CIRCLE	3.3 STREET ADDRESS	569 Deciester Hwy
CITY-ST-ZIP	ST CLOUD FL	3.4 CITY-ST-ZIP	Asheville, N.C. 28806
TITLE	AS	4.1 TITLE	
NAME	DAIGLE, MARSHA	4.2 NAME	
STREET ADDRESS	1333 HASKER CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL	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: *Charles R. Hasker* **President** **704 277 9942**

CR12E034 (10/97)