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 MAR 29 PM 6:57

DOCUMENT # **390968** **(6)**

1. Corporation Name

HAINES CITY MOBILE PARK AND SALES, INC.

Principal Place of Business	Mailing Address
1300 POLK CITY ROAD HAINES CITY FL 33844	1300 POLK CITY ROAD HAINES CITY FL 33844

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/08/1971**
3a. Date of Last Report: **02/16/1994**

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: **34-1092539** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION INFORMATION SERVICES, INC. 1201 HAYES STREET TALLAHASSEE FL 32301	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 _____ (NOTE: Registered Agent signature required when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	D	☐ Change ☒ Addition
NAME	DAUTERMAN, JANET MARIE	12 NAME	DAUTERMAN, DUDLY	
STREET ADDRESS	14691 CUCKLE CREEK ROAD	13 STREET ADDRESS	14691 CUCKLE CREEK	
CITY ST ZIP	BOWLING GREEN OH	14 CITY ST ZIP	BOWLING GREEN, OHIO	
TITLE	STD	21 TITLE	D	☐ Change ☒ Addition
NAME	WULFF, KAREN JANE	22 NAME	PATRICIA MAURER	
STREET ADDRESS	468 PORTAGE ROAD	23 STREET ADDRESS	224 EAST WOOSTER STREET	
CITY ST ZIP	PORTAGE OH	24 CITY ST ZIP	BOWLING GREEN, OH	
TITLE	[illegible]	31 TITLE	D	☐ Change ☒ Addition
NAME	[illegible]	32 NAME	LIELA MAURER	
STREET ADDRESS	[illegible]	33 STREET ADDRESS	5242 UPLAND PLACE	
CITY ST ZIP	[illegible]	34 CITY ST ZIP	LAKELAND, FL.	
TITLE	[illegible]	41 TITLE	D	☐ Change ☒ Addition
NAME	[illegible]	42 NAME	GARY WULFF	
STREET ADDRESS	[illegible]	43 STREET ADDRESS	468 MAIN STREET	
CITY ST ZIP	[illegible]	44 CITY ST ZIP	PORTAGE, OHIO	
TITLE	D	51 TITLE	DVP	☒ Change ☐ Addition
NAME	MAURER, ROBERT	52 NAME	RONALD DALE MAURER	
STREET ADDRESS	224 E. WOOSTER STREET	53 STREET ADDRESS	5242 UPLAND PLACE	
CITY ST ZIP	BOWLING GREEN OH	54 CITY ST ZIP	LAKELAND, FL.	
TITLE	[illegible]	61 TITLE		☐ Change ☐ Addition
NAME	[illegible]	62 NAME		
STREET ADDRESS	[illegible]	63 STREET ADDRESS		
CITY ST ZIP	[illegible]	64 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)(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: Karen Jane Wulff Karen Jane Wulff Sect-Treas. 3-23-95 (419) 686-4651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #