

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 390968 (6)

1. Corporation Name

HAINES CITY MOBILE PARK AND SALES, INC.



Principal Place of Business

1300 POLK CITY ROAD
HAINES CITY FL 33844

Mailing Address

1300 POLK CITY ROAD
HAINES CITY FL 33844

3. Date Incorporated or Qualified
11/08/1971

3a. Date of Last Report
03/29/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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25

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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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PD DAUTERMAN, JANET MARIE ☐ DELETE

14691 CUCKLE CREEK ROAD

BOWLING GREEN OH

CITY-STATE-ZIP

STD WULFF, KAREN JANE ☐ DELETE

468 PORTAGE ROAD

PORTAGE OH

CITY-STATE-ZIP

D DAUTERMAN, DUDLY ☐ DELETE

14691 CUCKLE CREEK

BOWLING GREEN OH

CITY-STATE-ZIP

D WULFF, GARY ☐ DELETE

468 MAIN ST

PORTAGE OH

CITY-STATE-ZIP

D MAURER, ROBERT ☐ DELETE

224 E. WOOSTER STREET

BOWLING GREEN OH

CITY-STATE-ZIP

D MAURER, PATRICIA ☐ DELETE

224 E WOOSTER ST

BOWLING GREEN OH

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD ☐ Change ☐ Addition

1.2 NAME Maurer, Ronald

1.3 STREET ADDRESS 5242 Upland Place

1.4 CITY-STATE-ZIP Lakeland, FL.

2.1 TITLE D ☐ Change ☐ Addition

2.2 NAME Maurer, Liela

2.3 STREET ADDRESS 5242 Upland Place

2.4 CITY-STATE-ZIP Lakeland, FL.

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(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:

Karen Wulff Karen Wulff

3-14-96 (419) 686-4651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)