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FILED

Feb 14 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 338441300 POLK CITY ROAD
HAINES CITY FL 33844-33233. Date Incorporated or Qualified
11/08/19713a. Date of Last Report
03/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number
34-1092539Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DAUTERMAN, JANET MARIE
STREET ADDRESS 14691 CUCKLE CREEK ROAD
CITY - ST - ZIP BOWLING GREEN OH1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE STD
NAME WULFF, KAREN JANE
STREET ADDRESS 468 PORTAGE ROAD
CITY - ST - ZIP PORTAGE OH2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE D
NAME DAUTERMAN, DUDLY
STREET ADDRESS 14691 CUCKLE CREEK
CITY - ST - ZIP BOWLING GREEN OH3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE D
NAME WULFF, GARY
STREET ADDRESS 468 MAIN ST
CITY - ST - ZIP PORTAGE OH4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE D
NAME MAURER, ROBERT
STREET ADDRESS 224 E. WOOSTER STREET
CITY - ST - ZIP BOWLING GREEN OH5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE D
NAME MAURER, PATRICIA
STREET ADDRESS 224 E WOOSTER ST
CITY - ST - ZIP BOWLING GREEN OH6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)

(419)
Feb. 6, 1997 686-4651