

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

**FILED**  
**Apr 03 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 431460 (5)**

1. Corporation Name  
**FOREST GREEN MOBILE HOME PARK, INC.**



Principal Place of Business <del>1809 U.S. HIGHWAY 19</del> HOLIDAY FL 34691	Mailing Address <del>1809 U.S. HIGHWAY 19</del> HOLIDAY FL 34691
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2535 SUCCESS DR</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>2535 SUCCESS DR</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>07/25/1973</b>	4. FEI Number <b>59-1174485</b>	Applied For Not Applicable
22 City & State <b>ODESSA FL</b>	27 City & State <b>ODESSA FL</b>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23 Zip <b>33556</b>	24 Country <b>PASCO</b>	28 Zip <b>33556</b>	29 Country <b>PASCO</b>	10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**BAKER, RICHARD W.**  
**1809 U.S. HIGHWAY 19**  
**HOLIDAY FL 34691**

10. Name and Address of New Registered Agent  
 81 Name **RICHARD W BAKER**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2535 SUCCESS DR**  
 83  
 84 City **ODESSA** FL 85 Zip Code **33556**

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 *RW Baker* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHERER, CHRIS	
STREET ADDRESS	<del>1809 U.S. 19</del>	
CITY - ST - ZIP	HOLIDAY FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BAKER, RICHARD W	
STREET ADDRESS	<del>1809 U.S. 19</del>	
CITY - ST - ZIP	HOLIDAY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHRIS SCHERER	
1.3 STREET ADDRESS	2535 SUCCESS DR	
1.4 CITY - ST - ZIP	ODESSA FL 33556	
2.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RICHARD W BAKER	
2.3 STREET ADDRESS	2535 SUCCESS DR	
2.4 CITY - ST - ZIP	ODESSA FL 33556	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 *RW Baker*

CR2E034 (10/97)