

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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 1803 U.S. HIGHWAY 19 HOLIDAY FL 34601	Mailing Address 1803 U.S. HIGHWAY 19 HOLIDAY FL 34601
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2535 SUCCESS DR Suite, Apt. #, etc.		2a. Mailing Address 26 2535 SUCCESS DR Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/25/1973	
22 City & State 23 ODESSA FL		27 City & State 28 ODESSA FL		4. FEI Number 59-1174485 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
24 Zip 33556		29 Zip 33556		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country PASCO		30 Country PASCO		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BAKER, RICHARD W. 1803 U.S. HIGHWAY 19 HOLIDAY FL 34601				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	
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	
				85. Zip Code FL 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
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	1.1 TITLE	P/D
NAME	SCHERER, CHRIS	1.2 NAME	CHRIS SCHERER
STREET ADDRESS	1803 U.S. 19	1.3 STREET ADDRESS	2535 SUCCESS DR
CITY - ST - ZIP	HOLIDAY FL	1.4 CITY - ST - ZIP	ODESSA FL 33556
TITLE	STD	2.1 TITLE	S/T/D
NAME	BAKER, RICHARD W	2.2 NAME	RICHARD W BAKER
STREET ADDRESS	1803 U.S. 19	2.3 STREET ADDRESS	2535 SUCCESS DR
CITY - ST - ZIP	HOLIDAY FL	2.4 CITY - ST - ZIP	ODESSA FL 33556
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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:

RW Baker

CR2E034 (10/97)