

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 444064 (0)

1. Corporation Name

BOYENTON MOBILE HOMES, INC.

Principal Place of Business

783 S. BY PASS
PO BOX 1364
VENICE FL 34284

Mailing Address

783 S. BY PASS
PO BOX 1364
VENICE FL 34284



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

CRIOLA, CAROL J.
5155 LEMON BAY DR.
VENICE FL 34293

3. Date Incorporated or Qualified

01/14/1974

3a. Date of Last Report

05/10/1995

4. FEI Number

59-1501015

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

10. Name and Address of New Registered Agent

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 or director or officer)

NOTE: Registered Agent Signature required when appointing

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME
CRIOLA, CAROL J.
STREET ADDRESS
5155 LEMON BAY DR.
CITY-ST-ZIP
VENICE FL

P ☐ DELETE

NAME
CRIOLA, CAROL
STREET ADDRESS
5155 LEMON BAY DR.
CITY-ST-ZIP
VENICE FL

V ☐ DELETE

NAME
CRIOLA, DONALD S.
STREET ADDRESS
5155 LEMON BAY DR.
CITY-ST-ZIP
VENICE FL

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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)(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:

Carol J. Criola
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 11/96

Exp.

941-485-9393
Daytime Phone #

CR2E034 (12/95)