

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90236 023 ***150.00

DOCUMENT # 465474

1. Corporation Name
LIVE OAK MOBILE HOME ESTATES, INC.

Principal Place of Business
6364 RAMBLER DR. (32504)
P.O. BOX 15150
PENSACOLA FL 32514
US

Mailing Address
422 WARWICK ST
GULF BREEZE FL 32561-153
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1974

4. FEI Number

59-1668361

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 901 N. Old Corry Field Rd.

23 City & State

27 House

24 Zip

Country

28 Pensacola, FL

Zip

Country

25

29 32506

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OWENS, CHARLIE R
422 WARWICK ST
GULF BREEZE FL 32561-4153

81 Name Owens, Charlie R.

82 Street Address (P.O. Box Number is Not Acceptable)

83 901 N. Old Corry Field Rd.

84 City Pensacola

FL

85 Zip Code 32506

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 *Charlie R. Owens*

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 P ☐ DELETE

NAME OWENS, CHARLIE RICHAR

STREET ADDRESS 422 WARWICK ST

CITY-ST-ZIP GULF BREEZE FL 32561-4153

TITLE SD ☒ DELETE

NAME BOLES, ELIZABETH ANN

STREET ADDRESS 430 YORK ST

CITY-ST-ZIP GULF BREEZE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Owens, Charlie Richard ☒ Change ☐ Addition

901 N. Old Corry Field Rd.

Pensacola, FL 32506

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *Charlie R. Owens*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)