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Feb 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 531586 (6)  
1. Corporation Name  
715 MOBILE HOME PARK, INC.



Principal Place of Business  
941 LINDA ROAD  
BELLE GLADE FL 33430

Mailing Address  
941 LINDA ROAD  
BELLE GLADE FL 33430-4805

3. Date Incorporated or Qualified  
04/14/1977

3a. Date of Last Report  
02/20/1996

4. FEI Number  
59-1958396

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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
25 Suite, Apt. #, etc.  
26 City & State  
27 Zip  
28 Country

29 2640 BUCK CREEK RD  
28 HAYESVILLE NC  
29 28904  
30 USA

9. Name and Address of Current Registered Agent

HOWELL, KEVIN  
941 LINDA ROAD  
BELLE GLADE FL 33430

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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	1.1 TITLE	PD
NAME	MATHEWS, ROBERT E, JR	1.2 NAME	MATHEWS, ROBERT E, JR
STREET ADDRESS	ROUTE 3 BUCK CREEK	1.3 STREET ADDRESS	2640 BUCK CREEK RD
CITY-ST-ZIP	HAYESVILLE NC	1.4 CITY-ST-ZIP	HAYESVILLE, NC 28904
TITLE	VD	2.1 TITLE	VD
NAME	MATHEWS, CHARLES G	2.2 NAME	MATHEWS CHARLES G
STREET ADDRESS	1561 BOXWOOD TRACE	2.3 STREET ADDRESS	P.O. BOX 288 NFA
CITY-ST-ZIP	ACWORTH GA	2.4 CITY-ST-ZIP	CUTHBERT, GA
TITLE	STD	3.1 TITLE	STD
NAME	MATHEWS, SHIRLEY C	3.2 NAME	MATHEWS, SHIRLEY C
STREET ADDRESS	ROUTE 3 BUCK CREEK	3.3 STREET ADDRESS	2640 BUCK CREEK RD
CITY-ST-ZIP	HAYESVILLE NC	3.4 CITY-ST-ZIP	HAYESVILLE, NC 28904
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 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

Robert E. Mathews Jr 2-8-97

Date

704-389-8183

Daytime Phone #

CR2E034 (9/96)