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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Feb 08, 1999 8:00am **Secretary of State**

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DO	CUMENT # 531580	51713101	N OF COR	PORATIONS		
1. Cor	**************************************	R			02-08-1999 90050 001 ****]	150.00
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/ 10	MOBILE HOME PARK, INC.				1	
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<u> </u>					I (BOIR) BIJER (ICE) LIBER BUTT	
Principa	al Place of Business	E. # - 10				[[8] 6:31/ 6:40/ 6:40/ 8:40/ 6:40/ caar
941 LIND	DA ROAD	Mailing Address				
BELLE G	LADE FL 33430	2640 BUCK CREEK RE)		and man and latte alti	nanc arast atati didil 81811 Bibil 1881
1		HAYESVILLE FL 28904				
1		US			DO NOT HIS	
					3. Date Incorporated or Qualifed	THIS SPACE
2. Princi	ipal Place of Business	30 41	_		04/44/4077	
21		2a. Mailing Address			04/14/1977 4. FEI Number	
Suite,	Apt. #, etc.	26				Applied For
22	•	Suite, Apt. #, etc.			<u>59-1958396</u>	Not Applicable
City &	State	27			5. Certificate of Status Desired	\$8.75 Additional
23		City & State				Fee Required
Zip		28			6. Election Campaign Financing	
24	Country	Zip		untry	rust Fund Contribution	\$5.00 May Be
	25	29	30	uria y	8. This corporation owes the current upon	Added to Fees
	9. Name and Address of Current	Registered Agent	[30]	, 	occord rioperty lax	
н	IOWELL, KEVIN			1041	10. Name and Address of New Registere	☐ Yes ☐ No
715 0	41 LINDA ROAD			81 Name	- Trogistere	a Agent
	FUE OLDER			82 Street Add	Irong (D.O. D.	
, DI	ELLE GLADE FL 33430			L	ress (P.O. Box Number is Not Acceptable)	
				83	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	482
i i			j			24-14-50 281 031 135
11. Pursua	ant to the provisions of S-		}	84 City		· · · · · · · · · · · · · · · · · · ·
office o	or registered agent, or both, in the State of	and 607.1508, Florida Statu	ites, the at	10V9 Domod	FI	85 Zip Code
agent.	am familiar with, and accept the obligation	ns of, Section 607 0505 Ed	authorized	by the corporation	oration submits this statement for the purpose o	f changing its register
SIGNATUR	E	007.0000, FN	orida Statu	tes.	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	intment as registered
12.	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE	- Doniet			
MLE	PD OFFICERS AND	DIRECTORS	13.	gent signature required	when reinstating)	_
AME	I FU 🔍	☐ DELETE	1.1 TITL		ADDITIONS/CUANGED TO	
_	MATHEWS, ROBERT E, JR	·-· -			—— TO OFFICERS AN	UD DIRECTORS II
TREET ADDRES	S 2640 BUCK CREEK RD			1	ADDITIONS/CHANGES TO OFFICERS AN	
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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 indicator of 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

828-389-8183