

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 16 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 665416 (4)

1. Corporation Name
LAKESIDE MOBILE MANOR, INC.

Principal Place of Business 8801-18 E. MOONRISE LANE FLORAL CITY FL 34436	Mailing Address 8801-18 E. MOONRISE LANE FLORAL CITY FL 34436
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/02/1980	3a. Date of Last Report 06/15/1994
4. FEI Number 59-2012554	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25 Country 30
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9. Name and Address of Current Registered Agent

JACKSON, GLENN H.
8801 E. MOONRISE LANE BOX 18
FLORAL CITY FL 34436

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, GLENN H	1.2 NAME	MICHAEL L. FRIDDLE
STREET ADDRESS	8801 E. MOONRISE LANE	1.3 STREET ADDRESS	8801-18 E. MOONRISE LANE
CITY - ST - ZIP	FLORAL CITY FL	1.4 CITY - ST - ZIP	FLORAL CITY FL 34436
TITLE	SD	2.1 TITLE	SECRETARY TO TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, LINDA M.	2.2 NAME	LINDA M. JACKSON
STREET ADDRESS	8801 E. MOONRISE LANE	2.3 STREET ADDRESS	8801-18 E. MOONRISE LANE
CITY - ST - ZIP	FLORAL CITY FL	2.4 CITY - ST - ZIP	FLORAL CITY FL 34436
TITLE	VD	3.1 TITLE	TREASURER TO SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, MICHAEL G	3.2 NAME	SUE ELLEN FRIDDLE
STREET ADDRESS	8801 E. MOONRISE LANE	3.3 STREET ADDRESS	8801-18 E. MOONRISE LANE
CITY - ST - ZIP	FLORAL CITY FL	3.4 CITY - ST - ZIP	FLORAL CITY, FL 34436
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIDDLE, SUE ELLEN	4.2 NAME	
STREET ADDRESS	8801 E. MOONRISE LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	FLORAL CITY FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: Sue Ellen Friddle 5-1-95 904-726-2553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)