

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

1. PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

04/02/1980

3a. Date of Last Report

05/16/1995

4. FEL Number

59-2012554

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. 193.032,  
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	8801-18 E. Moonrise Lane
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 state if applicable

(NOTE: Registered Agent Signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JACKSON, GLENN H.	
STREET ADDRESS	8801 E. MOONRISE LANE	
CITY-ST-ZIP	FLORAL CITY FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	JACKSON, LINDA M.	
STREET ADDRESS	8801 E. MOONRISE LANE	
CITY-ST-ZIP	FLORAL CITY FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	FRIDDLE, SUE ELLEN	
STREET ADDRESS	8801 E. MOONRISE LANE	
CITY-ST-ZIP	FLORAL CITY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FRIDDLE, SUE ELLEN	
STREET ADDRESS	8801 E. MOONRISE LANE	
CITY-ST-ZIP	FLORAL CITY FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FRIDDLE, MICHAEL L	
STREET ADDRESS	8801-18 E MOONRISE LANE	
CITY-ST-ZIP	FLORAL CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(3)(f), 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

4/4/96 352-726-2553

DAY

EXTENSION PHONE #

CR2E034 (12/95)

2 of 2

Modern Housekeeping Cottages • Boats • Motors  
Mobile Home & RV Sites



On Famous Lake Tsala Apopka, Citrus County  
Between Inverness and Floral City Off of U.S. 41

APRIL 5, 1996

DIVISION OF CORPORATIONS  
ANNUAL REPORTS SECTION  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

**RE: ID# 59-2012554**

DIVISION OF CORPORATIONS,

WHEN I RECEIVED MY ANNUAL REPORT I REALIZED THE MISTAKE THAT HAD  
BEEN MADE LAST YEAR WHEN I MADE SOME CHANGES TO THE OFFICERS OF  
THIS CORPORATION.

THE FOLLOWING IS WHO SHOULD BE LISTED AS THE OFFICERS...

PRESIDENT - GLENN H. JACKSON  
VICE PRESIDENT - MICHAEL G. JACKSON  
VICE PRESIDENT - MICHAEL L. FRIDDLE  
SECRETARY - SUE ELLEN FRIDDLE  
TREASURER - LINDA M. JACKSON

ALL ADDRESSES ARE 8801-18 EAST MOONRISE LANE, FLORAL CITY, FL 34436.  
IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT ME.

Sincerely,

*Sue Ellen Friddle*  
SUE ELLEN FRIDDLE