

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$295)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUN 21 AM 9:27

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # 702080 (3)

1. Corporation Name
PALMS OF SEBRING, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
725 S PINE ST. SEBRING FL 33870
725 S PINE ST. SEBRING FL 33870

3. Date Incorporated or Qualified 03/01/1961	3a. Date of Last Report 03/07/1994
4. FEI Number 59-0934514	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for delinquent tax under S. 190.092, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
3. Suite, Apt. #, etc. 22	3a. Suite, Apt. #, etc. 27
4. City & State 23	4a. City & State 28
5. Zip 24	5a. Country 29
6. Country 25	6a. Country 30

9. Name and Address of Current Registered Agent

**MAY, RODNEY K., ESQ.
111 NORTH ORANGE AVE.
SUITE 1800
ORLANDO FL 32802-9193**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (Signature of registered office or registered agent and fee to be paid) (Date) _____ (Signature of Registered Agent and fee to be paid) (Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRUBB, KENNETH D
STREET ADDRESS	1915 SE LAKEVIEW DRIVE
CITY, ST, ZIP	SEBRING FL
TITLE	V
NAME	EVERETT, OHRT
STREET ADDRESS	56 OHRT'S MOBIL HOME VILLAGE
CITY, ST, ZIP	SEBRING FL
TITLE	V
NAME	ZIN, PHILIP
STREET ADDRESS	1405 E. HENRY STREET
CITY, ST, ZIP	TAMPA FL
TITLE	TD
NAME	ELLER, SONYA
STREET ADDRESS	1811 PROSPECT STREET
CITY, ST, ZIP	SEBRING FL
TITLE	S
NAME	EARLY, RUTH
STREET ADDRESS	245 OAK AVENUE, APT. 514
CITY, ST, ZIP	SEBRING FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS CHANGED BY (Change or Addition)

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Bielefeld, Vernon
23 STREET ADDRESS	1535 Shamrock Dr.
24 CITY, ST, ZIP	Sebring, FL. 33870
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	TD Miller, Elizabeth
43 STREET ADDRESS	3651 U.S. 275, Lot 193
44 CITY, ST, ZIP	Sebring, FL. 33870
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(b), 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 receive this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ruth E. Early*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 15.95
94-385-0161

CR2E037 (3/95)