

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # 846867

(0)

1. Corporation Name

SWANN MOBILE HOME PARK, INC.

95 APR 28 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1-14TH STREET
WHEELING WV 26003

Mailing Address

1-14TH STREET
WHEELING WV 26003

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/03/1980

3a. Date of Last Report

04/22/1994

4. FEI Number

55-0598694

Applied For
Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SWANN, ROBERT D
1130 N SWINDELL AVE
LAKELAND FL 33805

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Robert D. Swann
Signature, type or printed name of registered agent and add if applicable

(NOTE: Registered Agent signature required when reinstating)

4/24/1995
DATE

12. OFFICERS AND DIRECTORS

TITLE S
NAME SWANN, JAMES E JR
STREET ADDRESS 1-14TH STREET
CITY - ST - ZIP WHEELING, WV 00000

TITLE TD
NAME SWANN, WILLIAM B
STREET ADDRESS 1-14TH STREET
CITY - ST - ZIP WHEELING, WV 00000

TITLE PD
NAME SWANN, JAMES E
STREET ADDRESS 1-14TH STREET
CITY - ST - ZIP WHEELING, WV 00000

TITLE VD
NAME SWANN, ROBERT D
STREET ADDRESS 1130 N SWINDELL AVE
CITY - ST - ZIP LAKELAND, FL 00000

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 110.07(3)(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 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:

Robert D. Swann ROBERT D. SWANN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/1995 693-4037
DATE (Optional Phone #)