

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 3:36

DOCUMENT # F18459 (0)

1. Corporation Name

CLAIR MAR MOBILE HOME PARK, INC.

Principal Place of Business

HWY. 27 . BOX 2317. LOT #9
HWY 27
DAVENPORT FL 33837

Mailing Address

HWY. 27 . BOX 2317. LOT #9
HWY 27
DAVENPORT FL 33837

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/05/1981

3a. Date of Last Report

01/31/1994

4. FEI Number

59-2168277

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. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

HARDWICK, KELLY B. III
341 WEST DAVIDSON ST.
SUITE 301
BARTOW FL 33830

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DS
THELEN, PATRICK
9915 W COLONY ROAD
FOWLER, MICHIGAN 00000

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
BOAK, MARY JANE
8475 PRICE ROAD
ST JOHNS, MICHIGAN 00000

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
THELEN, CHRIS
9915 W COLONY ROAD
FOWLER, MICHIGAN 00000

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DP
THELEN, CLAIR L
9915 W COLONY ROAD
FOWLER, MICHIGAN 00000

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DT
THELEN, MARGARET
9915 W COLONY ROAD
FOWLER, MICHIGAN 00000

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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)(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:

CLAIR L. THELEN President Feb 1/1995 (813)424-2210
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

(Date)

(Anytime Before 8