

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

02/05/1981

3a. Date of Last Report

02/16/1995

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

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 when applicable

(NOTE: Registered Agent Signature required when new state agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	THELEN, PATRICK	
STREET ADDRESS	9915 W COLONY ROAD	
CITY-STATE-ZIP	FOWLER, MICHIGAN 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOAK, MARY JANE	
STREET ADDRESS	8475 PRICE ROAD	
CITY-STATE-ZIP	ST JOHNS, MICHIGAN 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THELEN, CHRIS	
STREET ADDRESS	9915 W COLONY ROAD	
CITY-STATE-ZIP	FOWLER, MICHIGAN 00000	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	THELEN, CLAIR L	
STREET ADDRESS	9915 W COLONY ROAD	
CITY-STATE-ZIP	FOWLER, MICHIGAN 00000	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	THELEN, MARGARET	
STREET ADDRESS	9915 W COLONY ROAD	
CITY-STATE-ZIP	FOWLER, MICHIGAN 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-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-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(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  
Signature and typed or printed name of signing officer or director

Feb-16/1996 (941) 424-2210  
Date and Phone Number

CR2E034 (12/95)