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FILED
Feb 25 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33837Mailing Address
HWY. 27 . BOX 2317. LOT #9
HWY 27
DAVENPORT FL 33836-23173. Date Incorporated or Qualified
02/05/19813a. Date of Last Report
02/20/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2168277Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DS ☐ DELETE
NAME THELEN, PATRICK
STREET ADDRESS 9915 W COLONY ROAD
CITY- ST- ZIP FOWLER, MICHIGAN 000001.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIPTITLE D ☐ DELETE
NAME BOAK, MARY JANE
STREET ADDRESS 8475 PRICE ROAD
CITY- ST- ZIP ST JOHNS, MICHIGAN 000002.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIPTITLE D ☐ DELETE
NAME THELEN, CHRIS
STREET ADDRESS 9915 W COLONY ROAD
CITY- ST- ZIP FOWLER, MICHIGAN 000003.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIPTITLE DP ☐ DELETE
NAME THELEN, CLAIR L
STREET ADDRESS 9915 W COLONY ROAD
CITY- ST- ZIP FOWLER, MICHIGAN 000004.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIPTITLE DT ☐ DELETE
NAME THELEN, MARGARET
STREET ADDRESS 9915 W COLONY ROAD
CITY- ST- ZIP FOWLER, MICHIGAN 000005.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP6.1 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 Clair L. Thelen Pres. Feb. 17/1997 (941) 424-2210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

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