

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90102 012 ***150.00

DOCUMENT # F18459

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

FEI Number

59-2168277

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country
25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country
29 33836 30 POLK

PARK=INC

CLAIR=MAR=MOBILE=HOME

PO BOX 1048

DAVENPORT FL

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 owes the current year intangible
Personal Property Tax. ☒ 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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS
NAME THELEN, PATRICK
STREET ADDRESS 9915 W COLONY ROAD
CITY-ST-ZIP FOWLER, MICHIGAN 00000

TITLE D
NAME BOAK, MARY JANE
STREET ADDRESS 8475 PRICE ROAD
CITY-ST-ZIP ST JOHNS, MICHIGAN 00000

TITLE D
NAME THELEN, CHRIS
STREET ADDRESS 9915 W COLONY ROAD
CITY-ST-ZIP FOWLER, MICHIGAN 00000

TITLE DP
NAME THELEN, CLAIR L
STREET ADDRESS 9915 W COLONY ROAD
CITY-ST-ZIP FOWLER, MICHIGAN 00000

TITLE DT
NAME THELEN, MARGARET
STREET ADDRESS 9915 W COLONY ROAD
CITY-ST-ZIP 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 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, with all other like empowered.

SIGNATURE: Clair L Thelen CLAIR L THELEN Pres. 2/5/99 (941) 424-2210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)