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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F60018 ZACK'S OAKSIDE MOBILE PARK, INC. (1)

**FILED** Apr 15 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address						<b>                                    </b>	Of Official State
38539 CRESCE ZEPHYRILLS FL US		% WILLIAM E ZACK 10423 137TH LANE NORTI LARGO FL 33774-5323	10423 137TH LANE NORTH				
					3. Date Incorporated or Qualified 12/29/1981	3e. Date of Last I 04/12/1996	Report
2. Principal F	Place of Business	2a. Mailing Address 26			4. FEI Number 59-2173850	Applied For Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	<del>_</del>		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees		
Zip 24	Country 25	Zip <b>29</b>	·		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes   ☐ No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered Agent	
ZAC	K, WILLIAM E		6	1 Name			
10423 197TH LANE NORTH LARGO FL 24644 33 774				Street Add	dress (P.O. Box Number is Not Acceptable)		
			8				
·			1	City			Code
office or agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	J2 and 607.1508, Florida Statu of Florida. Such change was lations of, Section 607.0505, F	ites, the abd authorized lorida Statut	by the corpora es.	poration submits this statement for the ation's board of directors. I hereby according	purpose of changing i pt the appointment as	ts registered registered
SIGNATURE			·				
12.	Signature, typod or printed name of registered ag	ent and title if applicable (NO ID DIRECTORS	13,	igent signaturé réqu	ured when reinstalling) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTOR	RS IN 12
TITLE	SPD	DELETE	1.1 11111		ADDITIONO/ONANGEO TO CITY	Change	Addition
NAME	ZACK, WILLIAM E	<del></del>		i i		•-	_
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TITLE .	DELETE 2.17		2.1 1/11/			Change	Addition C
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NAME			6.2 NAM	ļ			
STREET ADDRESS				E1 ADDRESS			
CITY-ST-ZIP	A A S		6.4 CITY				į
133		at the Artic Artic Communication of	7 1 1		ALL DESCRIPTION OF THE PROPERTY OF THE	1.1 (0.00)	<del></del>

I do hereby certify that the Information supplied with this filling 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.

LIGHTHATIBOL DOLCHERDERSON