

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G06604

(4)

1. Corporation Name

RLT MOBILE HOME PARK, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/01/1982
3a. Date of Last Report 04/27/1994

4. FET Number 59-2536398
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

7. This corporation has liability for independent tax under 22, 23, 24, 25,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

R.R. 12
BOX 394
LAKE CITY FL 32055

R.R. 12
BOX 394
LAKE CITY FL 32055

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

24. City

25. State

29. City

30. State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TARDIF, LOUISE M.
R.R. 12, BOX 394
LAKE CITY FL 32055

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

(If the Agent is a corporation, the agent must be an officer or director)

(If the Registered Agent is a corporation, the agent must be an officer or director)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD
2. NAME	TARDIF, LOUISE M.
3. STREET ADDRESS	R.R. 12, BOX 394
4. CITY, ST, ZIP	LAKE CITY FL
5. TITLE	ST
6. NAME	TARDIF, ROLAND
7. STREET ADDRESS	R.R. 12, BOX 394
8. CITY, ST, ZIP	LAKE CITY FL
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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. 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 of this filing, or on an attachment with an address.

SIGNATURE:

Louise M. Tardif

Louise M. Tardif PD

5-9-95

904-755-0921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR