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

**PROFIT** CORPORATION ANNUAL REPORT

1997

TILL F

STREET ADDRESS



ELORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # G74224** 

(8)

## CATALINA MOBILE HOME ESTATES, INC.

Principal Place of Business Mailing Address **%** W.S. TURNER, JR. % W.S. TURNER, JR. P O BOX 6509 P O BOX 6509 PENSACOLA FL 32503 PENSACOLA FL 32503-0509 3. Date Incorporated or Qualified 3a. Date of Last Report 12/13/1983 03/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2371355 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23  $Z \oplus$ Country 8. This corporation has tiability for intangible tax under s. 199.032, Yes 🔲 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TURNER, W.S. JR. **521 E PARKER DR** Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32504 83 84 City 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. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Stgrainviolityped or purifical name of registered agont and titls if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE Change Addition PD THEF 11 TITLE TURNER, W.S. JR 1.2 NAME NAME **521 E PARKER DR** STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL cov-st-7-2 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE 1816 BETHUNE, NELSON NAM 22 NAME 5318 N. PALAFOX 23 STREET ADDRESS STREET ADDRESS PENSACOLA FL 2 4 CITY-ST-ZIP 0174-51-212 DELETE Change Addition THUE 31 TITLE NAM 32 NAME STREET ADDRESS **33 STREET ADDRESS** 34. CITY-ST-ZIP CITY ST-2F DELETE 41 TITLE Change Addition MILE. 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ACOURTS 4.4 CITY-ST-ZIP CHY ST ZP DELETE 5.1 TITLE Change \_\_\_ Addition TILE. 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHY 51 ZW

h.W.S. TURNER JR 2-10-97 904-484-7332

6.1 TITLE 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

DELETE

Change

Addition

**FILED** 

Feb 19 1997 8:00am

Secretary of State