

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PH 4: 54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # G-79145

1. Corporation Name
**WILHELM'S MOBILE HOME PARK
ASSOCIATION, INC.**

Principal Place of Business Mailing Address

**6330 14TH STREET WEST
LOT 11
BRADENTON, FL 34207**

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **1-17-84** 3a. Date of Last Report **5-1-94**

2. Principal Place of Business 2a. Mailing Address
21 **6330 14TH STREET W.** 26 **6330 14TH STREET W.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **LOT 11** 27 **LOT 11**
City & State City & State
23 **BRADENTON, FL** 28 **BRADENTON FL**
Zip Country Zip Country
24 **34207** 25 **MANATEE** 29 **34207** 30 **MANATEE**

4. FEI Number **65-0078389** 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 intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**W. GRADY HUIE
2727 S. TAMiami TRAIL
SARASOTA, FLORIDA**

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 **W. GRADY HUIE** **4-27-95**

(Signature, Name and Address of Registered Agent and Date of Appointment)

(Signature, Name and Address of Registered Agent and Date of Appointment)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
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TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☒ Change ☐ Addition
2. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☒ Change ☐ Addition
3. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☒ Change ☐ Addition
4. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ Change ☐ Addition
5. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ Change ☐ Addition
6. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ Change ☐ Addition
7. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ Change ☐ Addition
8. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ Change ☐ Addition

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*****200.00 *****200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

LOTA LEE PRES

4-27-95

813-753-5491

(Signature and Typed or Printed Name of Signing Officer or Director)

(Date)

(Telephone Number)