FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
Apr 26 1996 8:00 am
Secretary of State

DOCUMENT # H14348   (7)

1. Corporation Name

PINE FOREST MOBILE HOME PARK, INC.

Principal Place of Business	Mailing Address
300 N STATE ST **BUNNELL FL 32110** **US**	**P O BOX 1959** **BUNNELL FL 32110** **US**

3. Date Incorporated or Qualified	3a. Date of Last Report
07/27/1984	**04/26/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	**59-2525022**	Not Applicable

Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State	City & State
23	28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip	Country	Zip	Country
24	25	29	30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HORROX, JOSEPH MICHAEL **404 S. CENTRAL AVE.** **FLGLER BEACH FL 32136**	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **P**	☐ DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME **LEES, GEORGE R.**		1 2 NAME	
STREET ADDRESS **23 CEDARFIELD CT**		1 3 STREET ADDRESS	
CITY-ST-ZIP **PALM COAST FL**		1 4 CITY-ST-ZIP	
TITLE **ST**	☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME **PEAVY, SHIRLEY**		2 2 NAME	
STREET ADDRESS **NORTH HIGHWAY A1A**		2 3 STREET ADDRESS	
CITY-ST-ZIP **FLGLER BEACH FL**		2 4 CITY-ST-ZIP	
TITLE	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE	☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

CR2E034 (12/95)

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 119.07(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 on an attachment with an address.

SIGNATURE: *George R. Lees*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #