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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # CLEWISTON TRAILER PARK, INC. (8)

FILED Apr 02 1998 8:00am Secretary of State



Principal Place % RUTH THO 831 SAGAMON CLEWISTON F	MPSON RE STREET	Mailing Address % RUTH THOMPSON 831 SAGAMORE STREET CLEWISTON FL 33440-4012	RUTH THOMPSON I SAGAMORE STREET		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 11/16/1984		
	lace of Business /NC	2a. Mailing Address			4. FEI Number	Applied Fo	
21 CLEN	VISTON TRAILER PARK		MORI		59-2462637	Not Applic	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additions Fee Regulred	al
22		City & State					
City & State	ь	28 CLE WISTON, F	4. 33	440	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23 Zip	Country	Zip	Countr	V	8. This corporation owes or has paid the co		-
24	25	}	30 4.	5.A.	Personal Property Tax due June 30.	Yes 🗆 No	
	9. Name and Address of Current	Registered Agent	<u> </u>		10. Name and Address of New Registere	d Agent	
TH	OMPSON, RUTH		81	Name			1
831 SAGAMORE STREET				82 Street Address (P.O. Box Number is Not Acceptable)			
CLI	EWISTON FL 33440						
			83	i			
			84	City		85 Zip Code	
				<u></u>	F		
11. Pursuant l office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of im familiar with, and accept the obligation.	and 607.1508, Florida Statute of Florida Such change was a ions of, Section 607.0505, Flor	s, the abov uthorized b ida Statute	re-named by the corp is.	corporation submits this statement for the purpose poration's board of directors. I hereby accept the a	or changing its register	red
SIGNATURE	Signature, typod or printed name of registered agen	and tille if emplicable (NOTE:	Registered Ad	ent signature	required when reinstating) DATE		
12.	OFFICERS AND		13.	torit organization	ADDITIONS/CHANGES TO OFFICERS A		2
TITLE	P	DELETE	1.1 TITLE	D		Change X Ade	dition
NAME STREET ADDRESS	THOMPSON, RUTH 339 E. ESPERANZA		1.2 NAME 1.3 STREE	T ADDRESS	TERRY D. MOTTLE AV	E	
CITY-ST-ZIP	CLEWISTON FL		1.4 CITY-	ST-ZIP	SUFFOLK, VA. 2343	4	
TITLE	D	≥ DELETE	2.1 TITLE			Change Ad	dition
NAME	THOMPSON, HENRY C.	seccased	2.2 NAME				
STREET ADDRESS	339 E. ESPERANZA		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	CLEWISTON FL		2. 4 CITY	-ST-ZIP			
TITLE	ST	☐ DELETE	3.1 TITLE			Change Ad	ddition
NAME	HARRIS, CHERYL D.		3 2 NAME				
STREET ADDRESS	89 ERIE DRIVE			T ADORESS			
CITY-ST-ZIP	NAPLES FL	Devete	3.4. CITY	-ST-ZIP		Change Ad	ddition
TITLE		☐ DELETE	4.1 TITLE	.		LI Change LI AU	MODIFIC
NAME			4. 2 NAM				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY	SI-ZIP		Change Ad	ddition
TITLE		□ bereit	5.1 TITLE 5.2 NAME		•		_ 2-1-0-1
NAME OTOGET ADDRESS				T ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP TITLE		DELETE	5.4 CITY- 6.1 TITLE	-		Change Ad	ddition
NAME		precie	6.2 NAMI				
				et address			
STREET ADDRESS			6.4 CITY-				
CITY-ST-ZIP	certify that the information supplied wi	h this filing does not qualify fo	r the exem	ntion state	J ed in Section 119.07(3)(i), Florida Statutes. I further	certify that the informa	ation
indicated officer or	Lon this annual roport or supplements	annual report is true and acciver or trustee empowered to e	irate and t	hat my sig s report as	inature shall have the same legal effect as if made is required by Chapter 607, Florida Statutes; and thi	under oath: that I am a	an