


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

FILED

Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H44751 (6)

1. Corporation Name
GREAT CYPRESS MOBILE VILLAGE, INC.

Principal Place of Business

Mailing Address

1000 U.S. 19
HOLIDAY FL 34001

1000 U.S. 19
HOLIDAY FL 34001

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/27/1985

4. FEI Number

59-2562214

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 2535 SUCCESS DR	26 2535 SUCCESS DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 ODESSA FL	28 ODESSA FL
Zip	Zip
24 33556	29 33556
Country	Country
25 PASCO	30 PASCO

9. Name and Address of Current Registered Agent

BAKER, RICHARD W.
1000 U.S. 19
HOLIDAY FL 34001

10. Name and Address of New Registered Agent

81 Name	RICHARD W BAKER
82 Street Address (P.O. Box Number is Not Acceptable)	2535 SUCCESS DR
83	
84 City	ODESSA
85 Zip Code	FL 33556

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

TITLE	STD	<input type="checkbox"/> DELETE
NAME	BAKER, RICHARD	
STREET ADDRESS	1000 U.S. HIGHWAY 19	
CITY - ST - ZIP	HOLIDAY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHERER, CHRIS	
STREET ADDRESS	1000 U.S. 19	
CITY - ST - ZIP	HOLIDAY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RICHARD W BAKER	
1.3 STREET ADDRESS	2535 SUCCESS DR	
1.4 CITY - ST - ZIP	ODESSA FL 33556	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHRIS SCHERER	
2.3 STREET ADDRESS	2535 SUCCESS DR	
2.4 CITY - ST - ZIP	ODESSA FL 33556	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

CR2E034 (10/97)