

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # H46203

(6)

1. Corporation Name

ABC MOBILE HOME PARK, INC.

Principal Place of Business

919 S 25TH ST
FT. PIERCE FL 34947
US

Mailing Address

919 S 25TH ST
FT. PIERCE FL 34947
US

FILED

98 APR 10 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1985

4. FEI Number

59-2504199

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 P.O. Box 12027

Suite, Apt. #, etc.

27 City & State

28 Fort Pierce FLA.

29 Zip

34979

30 Country

ST Lucie

9. Name and Address of Current Registered Agent

PERRICELLI, ANTHONY W.
919 S. 25TH ST.
FT. PIERCE FL 34947

10. Name and Address of New Registered Agent

81 Name

Anthony W. Perricelli

82 Street Address (P.O. Box Number is Not Acceptable)

~~P.O. Box 12027~~

83

289 N. BEACH ST
ORMOND BEACH, FL 32174

84 City

Fort Pierce FLA.

85

FL

Zip Code

34979

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

2/3/98

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PERRICELLI, ANTHONY W.
STREET ADDRESS 919 S. 25TH ST.
CITY-ST-ZIP FT. PIERCE FL

TITLE ~~VP~~
NAME ~~PERRICELLI, MIOBALIA~~
STREET ADDRESS ~~919 S. 25TH ST.~~
CITY-ST-ZIP ~~FT. PIERCE FL~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Anthony W. Perricelli
1.3 STREET ADDRESS P.O. Box 12027
1.4 CITY-ST-ZIP Fort Pierce FLA 34979

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 100002491081--1
3.4 CITY-ST-ZIP -04/16/98--01099--011

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 100002491081--1
4.4 CITY-ST-ZIP -04/16/98--01099--012

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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

[Signature]

2/3/98

CR2E034 (10/97)