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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 2:14

DOCUMENT # **H60047** **(8)**

1. Corporation Name
MO-TRAIL MOBILE HOME OWNERS INCORPORATED

Principal Place of Business	Mailing Address
5600 NEW TAMPA HWY #54 LAKELAND FL 33801	5600 NEW TAMPA HWY #54 LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/29/1985	3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-2540965	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HUFF, HARRY
5600 NEW TAMPA HWY #54
LAKELAND FL 33801

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: Harry Huff — 3/15/95
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	PD	11 TITLE	☐ Change ☐ Addition
NAME	HUFF, HARRY	12 NAME	
STREET ADDRESS	5600 NEW TAMPA HWY #54	13 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	QUAMMEN, CLARENCE	22 NAME	
STREET ADDRESS	5600 NEW TAMPA HWY. #62	23 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	FOLLIN, WINIFRED JEAN	32 NAME	
STREET ADDRESS	5650 NEW TAMPA HWY. #121	33 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	BIDDLE, VIRGINIA R.	42 NAME	
STREET ADDRESS	5650 NEW TAMPA HWY.,#119	43 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SHAW, EARL	52 NAME	
STREET ADDRESS	5600 NEW TAMPA HWY #90	53 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	FOLLIN, EARL	62 NAME	
STREET ADDRESS	5650 NEW TAMPA HWY #121	63 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	64 CITY-ST-ZIP	

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)(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: Harry Huff — 3/15/95 — 813-687-1985
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
HARRY HUFF

0018664 CP