

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H60047 (8)

1. Corporation Name

MO-TRAIL MOBILE HOME OWNERS INCORPORATED



Principal Place of Business

5600 NEW TAMPA HWY #54
LAKELAND FL 33801

Mailing Address

5600 NEW TAMPA HWY #54
LAKELAND FL 33801

3. Date Incorporated or Qualified
05/29/1985

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2540965

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

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

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

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
HUFF, HARRY
STREET ADDRESS
5600 NEW TAMPA HWY #54
CITY-ST-ZIP
LAKELAND FL 33801

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME
QUAMMEN, CLARENCE
STREET ADDRESS
5600 NEW TAMPA HWY. #62
CITY-ST-ZIP
LAKELAND FL

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
VD
ARBEAU, DON
5650 NEW TAMPA HWY. #107
LAKELAND, FL. 33801

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME
FOLLIN, WINIFRED JEAN
STREET ADDRESS
5650 NEW TAMPA HWY. #121
CITY-ST-ZIP
LAKELAND FL

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
SD
CARLSON, JO-ANN
5650 NEW TAMPA HWY. #103
LAKELAND, FL 33801

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
BIDDLE, VIRGINIA R.
STREET ADDRESS
5650 NEW TAMPA HWY. #119
CITY-ST-ZIP
LAKELAND FL

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
SHAW, EARL
STREET ADDRESS
5600 NEW TAMPA HWY #90
CITY-ST-ZIP
LAKELAND FL

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☒ Change ☐ Addition

NAME
FOLLIN, EARL
STREET ADDRESS
5650 NEW TAMPA HWY #121
CITY-ST-ZIP
LAKELAND FL

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
D
PATRIDGE, BURT
5600 NEW TAMPA HWY #77
LAKELAND, FL. 33801

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

FEB 26, 1996

941-687-1958

CR2E034 (12/95)