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Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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 33815-0913

2. Principal Place of Business 21 5650 N.K.W.T. AMPA Hwy Suite, Apt. #, etc. 22 #119 City & State 23 LAKELAND FL Zip 24 33815 Country 25 POLK	2a. Mailing Address 26 5650 N.K.W.T. AMPA Hwy Suite, Apt. #, etc. 27 #119 City & State 28 LAKELAND FL Zip 29 33815 Country 30 POLK

3. Date Incorporated or Qualified: 05/29/1985
3a. Date of Last Report: 02/29/1996
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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	HUFF, HARRY		1.2 NAME	McMAHON, DON.	
STREET ADDRESS	5600 NEW TAMPA HWY #54		1.3 STREET ADDRESS	5650 NEW TAMPA Hwy #109	
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE	VD	☒ DELETE	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	ARBEAU, DON		2.2 NAME	SHERWOOD, DANIEL	
STREET ADDRESS	5650 NEW TAMPA HWY, #107		2.3 STREET ADDRESS	5650 NEW TAMPA Hwy #104	
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CARLSON, JO A		3.2 NAME		
STREET ADDRESS	5650 NEW TAMPA HWY, #103		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BIDDLE, VIRGINIA R.		4.2 NAME		
STREET ADDRESS	5650 NEW TAMPA HWY.,#119		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☑ Change ☐ Addition
NAME	SHAW, EARL		5.2 NAME	PUTTLEY, KEITH	
STREET ADDRESS	5600 NEW TAMPA HWY #90		5.3 STREET ADDRESS	5650 NEW Tampa Hwy #126	
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PATRIDGE, BURT		6.2 NAME		
STREET ADDRESS	5600 NEW TAMPA HWY, #77		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: TD [illegible] DATE: 4/16/97