

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

FILED
Apr 13 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 # H60047 (8)
1. Corporation Name
MO-TRAIL MOBILE HOME OWNERS INCORPORATED

Principal Place of Business
5650 NEW TAMPA HWY
119
LAKE LAND FL 33815
US

Mailing Address
5650 NEW TAMPA HWY
119
LAKE LAND FL 33815
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/29/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2540965	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HUFF, HARRY 5600 NEW TAMPA HWY #54 LAKE LAND FL 33815				10. Name and Address of New Registered Agent 81 Name VIRGINIA R. BIDDLE 82 Street Address (P.O. Box Number is Not Acceptable) 565 NEW TAMPA HWY LOT 119 83 84 City LAKE LAND FL 85 Zip Code 33815			
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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 *Virginia R. Biddle* VIRGINIA R. BIDDLE March 23-1998
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	MCMAHON, DON	1.1 TITLE		1.2 NAME	
STREET ADDRESS	5650 NEW TAMPA HWY #109	CITY-ST-ZIP	LAKE LAND FL 33815	1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
TITLE	VP	NAME	SHERWOOD, DANIEL	2.1 TITLE	VP	2.2 NAME	EMERY GWEN
STREET ADDRESS	5650 NEW TAMPA HWY #104	CITY-ST-ZIP	LAKE LAND FL 33815	2.3 STREET ADDRESS	5600 NEW TAMPA HWY #42	2.4 CITY-ST-ZIP	LAKE LAND FL 33815
TITLE	SD	NAME	CARLSON, JO A	3.1 TITLE		3.2 NAME	
STREET ADDRESS	5650 NEW TAMPA HWY, #103	CITY-ST-ZIP	LAKE LAND FL	3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE	TD	NAME	BIDDLE, VIRGINIA R.	4.1 TITLE		4.2 NAME	
STREET ADDRESS	5650 NEW TAMPA HWY, #119	CITY-ST-ZIP	LAKE LAND FL	4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE	D	NAME	UTTLEY, KEITH	5.1 TITLE	D	5.2 NAME	SIMKINS BRANT
STREET ADDRESS	5650 NEW TAMPA HWY #126	CITY-ST-ZIP	LAKE LAND FL 33815	5.3 STREET ADDRESS	5600 NEW TAMPA HWY	5.4 CITY-ST-ZIP	LAKE LAND, FL 33815
TITLE	D	NAME	PATRIDGE, BURT	6.1 TITLE	→ DD	6.2 NAME	LEMON MATHY
STREET ADDRESS	5600 NEW TAMPA HWY, #77	CITY-ST-ZIP	LAKE LAND FL	6.3 STREET ADDRESS	5650 NEW TAMPA # 114	6.4 CITY-ST-ZIP	LAKE LAND FL 33815

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: *Virginia R. Biddle* March 7 1998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0417467

CP2E034 (10/97)