

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H60047

1. Corporation Name

MO-TRAIL MOBILE HOME OWNERS INCORPORATED

Principal Place of Business

5650 NEW TAMPA HWY
119
LAKELAND FL 33815
US

Mailing Address

5650 NEW TAMPA HWY
119
LAKELAND FL 33815
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

BIDDLE, VIRGINIA R
5650 NEW TAMPA HWY LOT 119
LAKELAND FL 33815

3. Date Incorporated or Qualified

05/29/1985

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MCMAHON, DON
STREET ADDRESS 5650 NEW TAMPA HWY #109
CITY-ST-ZIP LAKELAND FL 33815

TITLE VP
NAME EMERY, GWEN
STREET ADDRESS 5600 NEW TAMPA HWY #42
CITY-ST-ZIP LAKELAND FL 33815

TITLE SD
NAME CARLSON, JO A
STREET ADDRESS 5650 NEW TAMPA HWY, #103
CITY-ST-ZIP LAKELAND FL

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

TITLE D
NAME SIMKINS, BRANT
STREET ADDRESS 5600 NEW TAMPA HWY #8
CITY-ST-ZIP LAKELAND FL 33815

TITLE D
NAME LEMON, MURRAY
STREET ADDRESS 5650 NEW TAMPA HWY #114
CITY-ST-ZIP LAKELAND FL 33815

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME PATRIDGE CLARENCE
1.3 STREET ADDRESS 5600 NEW TAMPA #77
1.4 CITY-ST-ZIP LAKE LAND FL 33815

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
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Virginia R. Biddle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 4 99 941-688-7232

Date Daytime Phone #

CR2E034 (1/98)

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90086 016 ***150.00



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