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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J67323

C & P TRAILER PARK, INC.

FILED							
Mar 20 1997 8:00am							
Secretary of State							

Principal Plac	e of Business	Mailing Address	<u></u>			
410 LAKESHO P.O. BOX 247 CANAL POINT		410 LAKESHORE DRIVE P.O. BOX 247 CANAL POINT FL 33438				
					3. Date Incorporated or Qualified 04/15/1987	3a. Date of Last Report 03/20/1996
2. Principed Pace of Business 2a. Mailing Address					4. FEt Number	Applied For
21		26			59-2791213	Not Applicable
Suite, Apt	有, etc	Su te, Apl. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country	Ζφ	Cou 30	ntry	This corporation has liability fo     Florida Statutes	
24	25   9. Name and Address of Curre	29  nt Registered Agent	[30]		10. Name and Address of New R	
MAI	NCINI, ROBERT			81 Name		71   1
410	LAKESHORE DR.			82 Street /	Address (P.O. Box Number is Not Accepta	able)
BOX 247 CANAL POINT FL 33438			}	83		
}			}	84 City		85 Zip Code
					corporation submits this statement for the	FL
agent ha	un familiar with, and accept the oblig	pations of, Section 607.0505, I per and litter applicable (No.	Florida Stat	utes.	poration's board of directors. I hereby accordingly because the second of the second o	DATE
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	
T TEE NAME	PATTERSON, L.G.	[] DELETE	1.1 TO 1.2 NA	!		\ \
STREET ADDRESS	RT 2 BOX 2598			REET ADDRESS		·
Offin ST-ZIP	TALBOTT TN			Y-ST-ZIP		•
TITLE	T	DELETE	2.1 TH	LE		Change Addition
NAME:	CLARK, BOBBIE K.		2.2 NA	ME		
STREET ADDRESS	412 LAKESHORE DRIVE.		- 1	REET ADDRESS		
City - St - ZiP Titlet	CANAL POINT FL D	DELETE	3 1 717	TY-ST-ZIP LE		Change Addition
NAME	MANCINI, ROBERT D.		3 2 NA			
STREET ASIDRESS	410 LAKESHORE DRIVE.		33 ST	REET ADDRESS		
0/1Y-51-7-2	CANAL POINT FL			TY-ST-ZIP		
T [] †		L_] DECETE	4.1 T/J 4.2 N	1		☐ Change ☐ Addilion
NAME STREET ACCRESS				REET ADDRESS		}
CITY-ST ZIP				TY-ST-ZIP		
1011		DELETE	5 1 TII			☐ Change ☐ Addition
NAM:			5.2 NA	ME		ļ
STREET ADOPTES			5.3 \$1	REET ADORESS		
CHY-ST-ZIF	, , , , , , , , , , , , , , , , ,	T CYLLETE		ry-ST-ZIP		Change Addition
THILF :		DELETE	61 TIT 62 NA	1		] Change [_] Addition
NAME STREET ADORESS				ML Reet address		
CHTY-ST 2H				1Y - ST - ZIP		
	<ul> <li>In the second of the second of</li></ul>					

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 I changed, or on an attachagent with an address.

AND POPO OF PRINTED NAME OF SIGNING OFFICER ON MARCTOR BOBBIE K. CLARK

3/15/97

561-924-6322

Daytime Phone #

1 34 346