

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 # J96975

(4)

1. Corporation Name

TRY-MOR MOBILE VILLAGE, INC.



Principal Place of Business

240 NORTH WASHINGTON BLVD.
SUITE 311
SARASOTA FL 34236

Mailing Address

240 NORTH WASHINGTON BLVD.
SUITE 311
SARASOTA FL 34236

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/12/1987

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0013280

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 tangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

RUGGLES, ROBERT K. III
240 NORTH WASHINGTON BLVD.
SUITE 311
SARASOTA FL 34236

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 of Registered Agent (if not applicable)

Signature of Registered Agent (if not applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME RUGGLES, ROBERT K. III
STREET ADDRESS 240 N. WASHINGTON BLVD.
CITY-ST-ZIP SARASOTA FL

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY-ST-ZIP

SIGNATURE:

Robert K. Ruggles III

Robert K. Ruggles III

1/24/96

941-955-8338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)