

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K02466** (6)

1. Corporation Name

PINE WOOD MOBILE HOME RENTAL, INC.



Principal Place of Business

Mailing Address

% STANLEY STEPHEN SPENCER
6505 REED DR.
RIVERVIEW FL 33569

% STANLEY STEPHEN SPENCER
6505 REED DR.
RIVERVIEW FL 33569

3. Date Incorporated or Qualified
11/16/1987

3a. Date of Last Report
04/20/1995

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

4. FEI Number

59-2934101

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

10. Name and Address of New Registered Agent

SPENCER, STANLEY STEPHEN
6505 REED DR.
RIVERVIEW FL 33569

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 re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D SPENCER, STANLEY STEPHEN**
STREET ADDRESS **6505 REED DR.**
CITY- ST- ZIP **RIVERVIEW FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

TITLE ☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

TITLE ☐ DELETE

3.1 TITLE

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3.3 STREET ADDRESS

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TITLE ☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

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5.1 TITLE

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TITLE ☐ DELETE

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6.2 NAME

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7.1 TITLE

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7.4 CITY- ST- ZIP

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8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY- ST- ZIP

TITLE ☐ DELETE

9.1 TITLE

9.2 NAME

9.3 STREET ADDRESS

9.4 CITY- ST- ZIP

TITLE ☐ DELETE

10.1 TITLE

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TITLE ☐ DELETE

11.1 TITLE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY- ST- ZIP

TITLE ☐ DELETE

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY- ST- ZIP

TITLE ☐ DELETE

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY- ST- ZIP

TITLE ☐ DELETE

14.1 TITLE

14.2 NAME

14.3 STREET ADDRESS

14.4 CITY- ST- ZIP

TITLE ☐ DELETE

15.1 TITLE

15.2 NAME

15.3 STREET ADDRESS

15.4 CITY- ST- ZIP

TITLE ☐ DELETE

16.1 TITLE

16.2 NAME

16.3 STREET ADDRESS

16.4 CITY- ST- ZIP

TITLE ☐ DELETE

17.1 TITLE

17.2 NAME

17.3 STREET ADDRESS

17.4 CITY- ST- ZIP

TITLE ☐ DELETE

18.1 TITLE

18.2 NAME

18.3 STREET ADDRESS

18.4 CITY- ST- ZIP

TITLE ☐ DELETE

19.1 TITLE

19.2 NAME

19.3 STREET ADDRESS

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TITLE ☐ DELETE

20.1 TITLE

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21.1 TITLE

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21.3 STREET ADDRESS

21.4 CITY- ST- ZIP

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22.1 TITLE

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23.1 TITLE

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24.1 TITLE

24.2 NAME

24.3 STREET ADDRESS

24.4 CITY- ST- ZIP

TITLE ☐ DELETE

25.1 TITLE

25.2 NAME

25.3 STREET ADDRESS

25.4 CITY- ST- ZIP

TITLE ☐ DELETE

26.1 TITLE

26.2 NAME

26.3 STREET ADDRESS

26.4 CITY- ST- ZIP

TITLE ☐ DELETE

27.1 TITLE

27.2 NAME

27.3 STREET ADDRESS

27.4 CITY- ST- ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)