

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 # **L36988** (8)

1. Corporation Name

OLD DIXIE MOBILE PARK, INC.



Principal Place of Business

**600 HERMITS TRL
307 E. KENNEDY BLVD.
ALTAMONTE SPGS FL 32701
US**

Mailing Address

**600 HERMITS TRL
307 E. KENNEDY BLVD.
ALTAMONTE SPGS FL 32701
US**

3. Date Incorporated or Qualified
12/14/1989

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

4. FEI Number

59-2991388

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

2. Principal Place of Business

21 **600 HERMITS TRL**

Suite, Apt. #, etc.

22

City & State

23 **ALTAMONTE SPGS, FL**

Zip

24 **32701**

Country

25 **US**

2a. Mailing Address

26 **600 HERMITS TRL**

Suite, Apt. #, etc.

27

City & State

28 **ALTAMONTE SPGS, FL**

Zip

29 **32701**

Country

30 **US**

9. Name and Address of Current Registered Agent

**JORDAN, CLIFFORD D
600 HERMITS, TR.
ALTAMONTE SPRINGS FL 32701**

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 his/her title (s)

(Note: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE

NAME **JORDAN, CLIFFORD D.**

STREET ADDRESS **600 HERMITS TR.**

CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **D** ☐ DELETE

NAME **JORDAN, CLIFFORD D..**

STREET ADDRESS **600 HERMITS TRAIL**

CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96 788-7781

Date of Filing

CR2E034 (12/95)