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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M92335

(2)

1. Corporation Name

PINE & PALM TRAILER PARK, INC.

Principal Place of Business

% CHARLES ROSWELL
98 DRIFTWOOD DR.
KEY WEST FL 33040

Mailing Address

% CHARLES ROSWELL
98 DRIFTWOOD DR.
KEY WEST FL 33040-6211



3. Date Incorporated or Qualified

08/03/1988

3a. Date of Last Report

08/09/1996

2. Principal Place of Business

21 1216 20TH TERRACE

2a. Mailing Address

26 1216 20TH TERRACE

Suite Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 KEY WEST, FL.

27 City & State

28 KEY WEST, FL.

Zip

Country

24 33040

25 MONROE

Zip

Country

29 33040

30 MONROE

9. Name and Address of Current Registered Agent

ROSWELL, CHARLES
98 DRIFTWOOD DRIVE
KEY WEST FL

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

Sign and type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ROSWELL, CHARLES
STREET ADDRESS 98 DRIFTWOOD DR
CITY-ST-ZIP KEY WEST FL

TITLE P ☐ DELETE

NAME PATRACIA, ROSWELL
STREET ADDRESS 98 DRIFTWOOD DR.
CITY-ST-ZIP KEY WEST 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1216 20TH TERRACE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1216 20TH TERRACE

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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/97 305 294 6769
Date Daytime Phone #

CR2E034 (9/96)