FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:44

DOCUMENT # N09275 (1)

1. Corporation Name
BANES ADULT MOBILE HOME PARK INC.

Principal Place of Business	Mailing Address
38537 BANES DRIVE ZEPHYRHILLS FL 33540-1404 US	38537 BANES DRIVE ZEPHYRHILLS FL 33540-1404 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/17/1985
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-3165993 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HOLMES, DONALD G.
38537 BANES DRIVE
ZEPHYRHILLS FL 33540-1404

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	STD	☒ Change ☐ Addition
NAME	RONCO, FRANCIS	1.2 NAME	Ronco, Francis	
STREET ADDRESS	38530 BANES DRIVE	1.3 STREET ADDRESS	Same	
CITY-ST-ZIP	ZEPHYRHILLS FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE	D	☒ Change ☐ Addition
NAME	HEISCHMAN, JAMES	2.2 NAME	Heischman, James	
STREET ADDRESS	38536 BANES DRIVE	2.3 STREET ADDRESS	Same	
CITY-ST-ZIP	ZEPHYRHILLS FL	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE	D	☒ Change ☐ Addition
NAME	HOLMES, DONALD G	3.2 NAME	Holmes, Donald G	
STREET ADDRESS	38537 BANES DRIVE	3.3 STREET ADDRESS	Same	
CITY-ST-ZIP	ZEPHYRHILLS FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	V	☐ Change ☒ Addition
NAME		4.2 NAME	Holmes, June	
STREET ADDRESS		4.3 STREET ADDRESS	38537 Banes Drive	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Zephyrhills, FL	
TITLE		5.1 TITLE	P	☐ Change ☒ Addition
NAME		5.2 NAME	Barrett, Donald	
STREET ADDRESS		5.3 STREET ADDRESS	38600 Banes Drive	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Zephyrhills, FL	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added above with an address.

SIGNATURE: Donald G. Holmes Donald G. Holmes Jan 17, 1995 (813) 782-1877
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0082370