

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90002 009 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09275

1. Corporation Name

BANES ADULT MOBILE HOME PARK INC.

Principal Place of Business

38537 BANES DRIVE
ZEPHYRHILLS FL 33540-1404
US

Mailing Address

38537 BANES DRIVE
ZEPHYRHILLS FL 33540-1404
US



2. Principal Place of Business

21 38536 Banes Dr.

2a. Mailing Address

26 38536 Banes Dr.

3. Date Incorporated or Qualified

01/17/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3165993

Applied For

Not Applicable

City & State

23 Zephyrhills, FL.

City & State

28 Zephyrhills, FL.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

24 33540

Country

25 US

Zip

29 33540

Country

30 US.

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

81 Name James H. Heischman P/D

82 Street Address (P.O. Box Number is Not Acceptable)

38536 Banes Dr.

83

84 City Zephyrhills

FL

85 Zip Code 33540

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE James H. Heischman
Signature, typed or printed name of registered agent and title if applicable.

James H. Heischman
Registered Agent signature required when reinstating.

DATE

4 MARCH 1999

12. OFFICERS AND DIRECTORS

TITLE D
NAME RONCO, FRANCIS
STREET ADDRESS 38530 BANES DRIVE
CITY-ST-ZIP ZEPHYRHILLS FL ☒ DELETE

TITLE D
NAME HEISCHMAN, JAMES
STREET ADDRESS 38536 BANES DR
CITY-ST-ZIP ZEPHYRHILLS FL ☐ DELETE

TITLE V
NAME HART, GARDENIA
STREET ADDRESS 38550 BANES DR
CITY-ST-ZIP ZEPHYRHILLS FL 33540 ☒ DELETE

TITLE ST
NAME HEISCHMAN, JOAN
STREET ADDRESS 38536 BANES DR
CITY-ST-ZIP ZEPHYRHILLS FL 33540 ☐ DELETE

TITLE D
NAME BARRETT, DONALD
STREET ADDRESS 38600 BANES DRIVE
CITY-ST-ZIP ZEPHYRHILLS FL ☐ DELETE

TITLE P
NAME HART, ROBERT
STREET ADDRESS 38550 BANES DR
CITY-ST-ZIP ZEPHYRHILLS FL ☐ DELETE

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

2.1 TITLE P/D ☒ Change ☐ Addition
2.2 NAME James Heischman
2.3 STREET ADDRESS 38536 Banes Dr.
2.4 CITY-ST-ZIP Zephyrhills, FL: 33540

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE V/D ☒ Change ☐ Addition
5.2 NAME Donald Barrett
5.3 STREET ADDRESS 38600 Banes Dr.
5.4 CITY-ST-ZIP Zephyrhills, FL: 33540

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME Robert Hart
6.3 STREET ADDRESS 38550 Banes Dr.
6.4 CITY-ST-ZIP Zephyrhills, FL: 33540

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James H. Heischman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Heischman 3/23/99 813-782-3526
Date Daytime Phone #

0048151

CR2E037 (1/98)