FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

35310 HWY. 54 WEST

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200005174 (7)

PEACEFUL ACRES PARK, INC.

I am an officer or director of the corporation appears in Block 12 or Block 13 if change.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAIG OFFICER OR DIRECTOR

35310 HWY. 54 WEST ZEPHYRHILLS FL 33541 ZEPHYRHILL\$ FL 33541-1901 3. Date Incorporated or Qualified 3a. Date of Last Report 11/17/1992 03/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3154703 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No 30 24 Florida Statutes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HILL, CARL D 35310 HWY. 54 WEST Street Address (P.O. Box Number is Not Acceptable) 82 ZEPHYRHILLS FL 33541 83 84 City Zip Code 85 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 reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE Change TITLE 1.1 TITLE LINSKY, MICHAEL NAME 1.2 NAME 601 E. TWIGGS STREET, STE. 200 STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 1.4 CITY-ST-ZIP CITY - S1 - ZIP DELETE TITLE D 21 TITLE Change Addition WILD, JOHNNY NAME 22 NAME 25520 OAKS BLVD STREET ADDRESS 2.3 STREET ADDRESS LAND O LAKES FL 34639 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE HILL, CARL D NAME 3.2 NAME 35310 HWY 54 WEST STREET ADDRESS 3.3 STREET ADDRESS ZEPHYRHILLS FL 33541 CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY - ST - ZIP CITY - ST - 7IP 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 popple rental about poor 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 seceiver of true and that my name

FILED Feb 11 1997 8:00am Secretary of State

Daytime Phone #

