FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 MAY 23 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000012561 (6)

1. Corporation Name
BLACK DAIRY MOBILE HOME PARK, INC.

Principal Place of Business	Mailing Address
~~2802 POINTER PL~~ ~~SEFFNER FL 33584~~ 6025 Black Dairy Rd Seffner FL 33584	2802 POINTER PL SEFFNER FL 33584

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1992
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business
21: ~~2802 69th Street~~
22: Suite, Apt. #, etc.
23: ~~Des Moines IA~~
24: Zip ~~50322~~
25: Country Hillsborough

2a. Mailing Address
26: 2200 69th Street
27: Suite, Apt. #, etc.
28: Des Moines
29: Zip IA
30: Country FLA

4. FEI Number: 59-3157619 ☐ 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

9. Name and Address of Current Registered Agent

FRIEBEL, RALPH D
2802 POINTER PL
SEFFNER FL 33584

10. Name and Address of New Registered Agent

81 Name: ~~Ralph D. Friebel~~ Jack D. Rains
82 Street Address (P.O. Box Number is Not Acceptable): ~~2802 69th Street~~ D.B.A. Brandon Rlty, Inc.
83: 408 W. Brandon Blvd.
84 City: ~~Des Moines~~ Brandon, Fla. ~~IA~~ FL 85 Zip: ~~50322~~ 33511

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: ~~Ralph D. Friebel~~ Jack D. Rains 4-10-95
(Signature of current or former registered agent, if required, as the # applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	President	☑ Change ☐ Addition
NAME	FRIEBEL, RALPH D	12 NAME	Ralph D. Friebel	
STREET ADDRESS	2802 PONTER PL	13 STREET ADDRESS	2200 69th Street	
CITY-ST-ZIP	SEFFNER FL 33584	14 CITY-ST-ZIP	Des Moines IA 50322	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

REWRITTEN BY MAY 1 BY RWT

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ~~Ralph D. Friebel~~ Jack D. Rains 4-10-95 813-239-6673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0288847 CP