FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000000120 (4)

1 Corporate Name

GROCE MOBILE HOME PARK, INC.

Principal Office Address

P.O. BOX 881
PINELLAS PARK FL 34664

Mailing Address

P.O. BOX 881
PINELLAS PARK FL 34664

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1992

3a. Date of Last Report: 06/10/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 59-3156080 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

24 25 29 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JANSSEN, DUANE H
1626 38TH AVENUE NORTH
ST. PETERSBURG FL 33713

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

(Typed or Printed Name of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if applicable)	
1 TITLE	ST	1 TITLE	☐ Change ☐ Addition
1 NAME	BAKER, GERALD P	1 NAME	
1 STREET ADDRESS	P.O. BOX 881	1 STREET ADDRESS	
1 CITY-ST-ZIP	PINELLAS PARK FL 34664	1 CITY-ST-ZIP	
2 TITLE	D	2 TITLE	☐ Change ☐ Addition
2 NAME	BAKER, KATHRYN	2 NAME	
2 STREET ADDRESS	131 MONTEZUMA STREET	2 STREET ADDRESS	
2 CITY-ST-ZIP	LYONS NY 14489	2 CITY-ST-ZIP	
3 TITLE	PD	3 TITLE	☐ Change ☐ Addition
3 NAME	PERRY, LAWRENCE	3 NAME	
3 STREET ADDRESS	28 DEPEW AVENUE	3 STREET ADDRESS	
3 CITY-ST-ZIP	LYONS NY 14489	3 CITY-ST-ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY-ST-ZIP		4 CITY-ST-ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY-ST-ZIP		5 CITY-ST-ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 above, or on an attachment with an asterisk.

SIGNATURE: [signature] 03/08/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0480482 FP