FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

AND FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FILED
DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # P93000000133 (7)

1. Corporate Name
COUNTRY ACRES MOBILE HOME PARK, INC.

Principal Place of Business
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
Suite, Apt. # or
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. # or
27
City & State
28
Zip
29
County
30

4. FEI Number: 59-3156087
☐ 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 filed, or is filing, its return for the preceding calendar year this annual report with the Florida Department of Revenue. ☒ 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 Section 607.0502 or 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
(If changing registered office, registered agent, or both, signature of new registered agent required.) (If changing registered agent, signature required below.) (If changing registered agent, signature required below.) (Date)

12. OFFICER AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN U.S.	
21 Title	ST	71 Title	☐ Change ☐ Addition
22 Name	BAKER, GERALD P	72 Name	
23 Street Address	P.O. BOX 881	73 Street Address	
24 City-State-Zip	PINELLAS PARK FL 34664	74 City-State-Zip	
25 Title	D	75 Title	☐ Change ☐ Addition
26 Name	BAKER, KATHRYN	76 Name	
27 Street Address	131 MONTEZUMA STREET	77 Street Address	
28 City-State-Zip	LYONS NY 14489	78 City-State-Zip	
29 Title	PD	79 Title	☐ Change ☐ Addition
30 Name	PERRY, LAWRENCE	80 Name	
31 Street Address	28 DEPEW AVENUE	81 Street Address	
32 City-State-Zip	LYONS NY 14489	82 City-State-Zip	
33 Title		83 Title	☐ Change ☐ Addition
34 Name		84 Name	
35 Street Address		85 Street Address	
36 City-State-Zip		86 City-State-Zip	
37 Title		87 Title	☐ Change ☐ Addition
38 Name		88 Name	
39 Street Address		89 Street Address	
40 City-State-Zip		90 City-State-Zip	
41 Title		91 Title	☐ Change ☐ Addition
42 Name		92 Name	
43 Street Address		93 Street Address	
44 City-State-Zip		94 City-State-Zip	

14. I 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 above, or on an attachment with an address.

SIGNATURE: [signature] Gerald Baker 03/09/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date

0440448 FP