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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000082795 (4)

1. Corporation Name

EMERALD LAKE MOBILE HOME SALES, INC.



Principal Place of Business

2205 U.S. HWY 27 NORTH
DAVENPORT FL 33837

Mailing Address

2205 U.S. HWY 27 NORTH
DAVENPORT FL 33837-8823

2. Principal Place of Business

21 200 JEREMY DRIVE

Suite, Apt. #, etc.

22 City & State

23 DAVENPORT FL

24 Zip 33837

25 Country USA

2a. Mailing Address

26 200 JEREMY DRIVE

Suite, Apt. #, etc.

27 City & State

28 DAVENPORT FL

29 Zip 33837

30 Country USA

3. Date Incorporated or Qualified
11/24/1993

3a. Date of Last Report
05/01/1996

4. FEI Number

~~59-3215042~~ 59-3215044

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

STEVENS, CHARLES H
2205 U.S. HWY 27 NORTH
DAVENPORT FL 33837

10. Name and Address of New Registered Agent

81 Name

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

83

84 City DAVENPORT

FL

85 Zip Code 33837

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

Charles H. Stevens
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

11/24/97

12. OFFICERS AND DIRECTORS

TITLE S
NAME STEVENS, CHARLES H.
STREET ADDRESS 2205 U.S. HWY 27 NORTH
CITY-ST-ZIP DAVENPORT FL 33837 ☐ DELETE

TITLE P
NAME BEVIS, WILLIS H.
STREET ADDRESS 11201 SOUTHWEST 55TH STREET
CITY-ST-ZIP MIRAMAR FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 200 JEREMY DRIVE
1.4 CITY-ST-ZIP DAVENPORT FL 33837

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, unchanged, or on an attachment with an address.

SIGNATURE:

Charles H. Stevens
Signature, typed or printed name of registered agent and title if applicable

CHARLES H. STEVENS 4-25-97
941-424-5260

CR2E034 (9/96)