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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000082795 (4)

EMERALD LAKE MOBILE HOME SALES, INC.

200 JEREMY DR DAVENPORT FL 33837 US		200 JEREMY DR DAVENPORT FL 33837 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  11/24/1993	
2. Principal Place of Business 2e. Mailing Address					4. FEI Number Applied For	
21 26					59-3215044 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. # 22 27			, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State 28		City & State	<del>⊢</del> ¬ ˙		B. Election Campaign Financing     Trust Fund Contribution     Added to Fees	
Zip	Country	Zip	Countr	У	8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30.  Yes No	
	g, Name and Address of Current Registered Agent			· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Registered Agent	
ST	EVENS, CHARLES H		81	Name	•	
200 JEREMY DRIVE			82	Street	t Address (P.O. Box Number is Not Acceptable)	
DA'	VENPORT FL 33837		83	<del> </del>		
			~	1 _		
ŀ			84	City	FL 85 Zip Code	
agent I a	m familiar with, and accept the ob- Signature, typed or printed name of registered	agent and tille if applicable (NOT	orida Statute	s.	reporation's board of directors. I hereby accept the appointment as registered	
12.		AND DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE			1.1 TITLE		P.V, T.S CHARLES H. STEVENS	
NAME	STEVENS, CHARLES H.		1.2 NAME		CHARLES H. SIEVENS	
STREET ADDRESS	200 02/12/11/10/1		1	T ADDRESS	200 JEREMY DR DAUENPORT FL 33837	
CITY-ST-ZIP			1.4 CITY-	ST-ZIP	DRUENPORT PL 33837	
TITLE			2.1 TITLE		Charige — Podnitor	
NAME .	BEVIS, WILLIS H.	OTOCCT .	22 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE	MITYMAN FL	DELETE	2.4 CITY-	21-71P	☐ Change ☐ Addition	
NAME		0.11()t	3.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			3.4. CITY		The state of the s	
TITLE		DELETE	4.1 TITLE	31-ZIF	Change Addition	
NAME		La secte	4.2 NAME		The state of the s	
STREET ADDRESS			ı	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-			
TETLE		DELETE	51 TITLE	O I * EIF	Change Addition	
NAME			5.2 NAME		Level according to be and visitation	
TWHE			J.Z IVONE	<b></b>		

14. I 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 if changed, or on an attachment with an address.

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

hales A

4-21-98

2F024 (10/97)

Change

**FILED** 

Apr 29 1998 8:00am

Secretary of State