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Feb 11 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 # P94000025857 (1)

1. Corporation Name

COLONIAL MOBILE HOME PARK, INC.

Principal Place of Business

5595 E IRLO BRONSON HWY
LOT 58
ST CLOUD FL 34771

Mailing Address

5595 E IRLO BRONSON HWY
LOT 58
ST CLOUD FL 34771-8894



3. Date Incorporated or Qualified

03/31/1994

3a. Date of Last Report

02/21/1996

4. FEI Number

59-3236350

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

DAZEY, RUSSELL L
5595 E IRLO BRONSON HWY
LOT 58
ST CLOUD FL 34771

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME DAZEY, RUSSELL L
STREET ADDRESS 5595 E IRLO BRONSON HWY
CITY-ST-ZIP ST CLOUD FL

TITLE D ☐ DELETE

NAME DAZEY, JEWELL F
STREET ADDRESS 5595 E IRLO BRONSON HWY
CITY-ST-ZIP ST CLOUD FL 34771

TITLE VP ☐ DELETE

NAME AIKENS, CLIFFORD W
STREET ADDRESS 5595 E IRLO BRONSON HWY
CITY-ST-ZIP ST CLOUD FL

TITLE D ☐ DELETE

NAME AIKENS, GWENDOLYN F
STREET ADDRESS 5595 E IRLO BRONSON HWY
CITY-ST-ZIP ST CLOUD FL 34771

TITLE D ☐ DELETE

NAME GRANDFIELD, EUGENE A
STREET ADDRESS 5595 E IRLO BRONSON HWY
CITY-ST-ZIP ST CLOUD FL 34771

TITLE D ☐ DELETE

NAME GRANDFIELD, JUDITH A
STREET ADDRESS 5595 E IRLO BRONSON HWY
CITY-ST-ZIP ST CLOUD FL 34771

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 if changed, or on an attachment with an address.

SIGNATURE:

RUSSELL L DAZEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/97 892-3291
Date Daytime Phone #

CR2E034 (9/96)