

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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000025857 (1)**

1. Corporation Name

COLONIAL MOBILE HOME PARK, INC.

Principal Place of Business

Mailing Address

**5595 E IRLO BRONSON HWY
LOT 58
ST CLOUD FL 34771**

**5595 E IRLO BRONSON HWY
LOT 58
ST CLOUD FL 34771**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/31/1994	
21		26		4. FEI Number 59-3236350	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution <input type="checkbox"/>	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DAZEY, RUSSELL L 5595 E IRLO BRONSON HWY LOT 58 ST CLOUD FL 34771				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAZEY, RUSSELL L	1.2 NAME	
STREET ADDRESS	5595 E IRLO BRONSON HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAZEY, JEWELL F	2.2 NAME	
STREET ADDRESS	5595 E IRLO BRONSON HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKENS, CLIFFORD W	3.2 NAME	
STREET ADDRESS	5595 E IRLO BRONSON HWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKENS, GWENDOLYN F	4.2 NAME	
STREET ADDRESS	5595 E IRLO BRONSON HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL 34771	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANDFIELD, EUGENE A	5.2 NAME	
STREET ADDRESS	5595 E IRLO BRONSON HWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL 34771	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANDFIELD, JUDITH A	6.2 NAME	
STREET ADDRESS	5595 E IRLO BRONSON HWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL 34771	6.4 CITY-ST-ZIP	

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.

SIGNATURE

Russell Daze **RUSSELL DAZEY** 1/15/98 892-3291

CR2E034 (10/97)