

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90053 029 \*\*\*150.00

DOCUMENT # P94000046322

1. Corporation Name

DAVENPORT'S MOBILE HOME PARK, INC.

Principal Place of Business

1901 LAKE TRAFFORD RD  
IMMOKALEE FL 33934

Mailing Address

1109 MARJORIE ST  
IMMOKALEE FL 33934

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1994

4. FEI Number

65-0513971

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

DAVENPORT, ROBERT E

1901 LAKE TRAFFORD RD  
IMMOKALEE FL 33934

9064 THE LN  
NAPLES, FL 34109

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 ☐ DELETE

TITLE P  
NAME DAVENPORT, ROBERT E  
STREET ADDRESS 1109 MARJORIE ST  
CITY-ST-ZIP IMMOKALEE FL 34142

TITLE ST  
NAME DAVENPORT, LYNETTE E  
STREET ADDRESS 1109 MARJORIE ST  
CITY-ST-ZIP IMMOKALEE FL 33934

TITLE V  
NAME DAVENPORT, GREG  
STREET ADDRESS 613 CORBEL DR  
CITY-ST-ZIP NAPLES FL 34110

TITLE V  
NAME DAVENPORT, JEFF  
STREET ADDRESS 19404 IMMOKALEE RD  
CITY-ST-ZIP NAPLES FL 34120

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 9064 THE LANE  
1.4 CITY-ST-ZIP NAPLES, FL 34109

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 9064 THE LANE  
2.4 CITY-ST-ZIP NAPLES, FL 34109

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 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, with all other like empowered.

SIGNATURE: *Robert E Davenport*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 3-19-99

Date

Daytime Phone #

941-657-4800

CR2E034 (1/1/98)

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