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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000062692 (6)

TIMES TRAILER PARK, INC.

Principal Place of Business Mailing Address 1330 BUDINGER AVENUE 1330 BUDINGER AVENUE ST.CLOUD FL 34769 ST.CLOUD FL 34769-4137 3. Date Incorporated or Qualified 3a. Date of Last Report 08/22/1994 02/23/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address **Applied** For 59-3261210 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Country Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TUMBLESON, MARY ANN **1330 BUDINGER AVENUE** 82 Street Address (P.O. Box Number is Not Acceptable) ST.CLOUD FL 34769 83 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 98/6) 6) 13. D DELETE 1.1 TITLE Change Addition TITLE POFFENBAUGH, FRANCES M NAME 1.2 NAME 6134 E. BRONSON HIGHWAY 1.3 STREET ADDRESS STREET ADDRESS ST. CLOUD FL 34771 COY-ST-7iP 14 CITY - ST - 7IP DELETE 2.1 TITLE ☐ Change Addition TITLE TUMBLESON, MARY ANN 100 NAME 2.2 NAME 1330 BUDINGER AVENUE 2.3 STREET ADDRESS STREET ADDRESS 1T. CLOUD FL 34769 CHY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE POFFENBAUGH, JAMES M 3.2 NAME NAME 6110 E. BRONSON HIGHWAY 3.3 STREET ADDRESS STREET ADDRESS ST. CLOUD FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE MORRIS, JUDITH J 4, 2 NAME NAME 2661 CANOE CREEK ROAD STREET ADDRESS 4.3 STREET ADDRESS ST. CLOUD FL 34772 CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE THILE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP □ D€LETE 61 TITLE Change Addition TITLE

62 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:

NAME STREET ADDRESS

CITY-ST-ZiP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97 407-892-4067

FILED

Feb 14 1997 8:00am

Secretary of State