

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

FILED

Feb 02, 1999 8:00am
Secretary of State

02-02-1999 90028 045 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P95000056211

1. Corporation Name

SCENIC VIEW MOBILE HOME COURT OF CENTRAL FLORIDA
, INC.

Principal Place of Business

2025 W DAUGHTERY ROAD
LAKELAND FL 33810
US

Mailing Address

2025 W DAUGHTERY ROAD
LAKELAND FL 33810
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1995

4. FEI Number

59-3330237

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.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

(NOTE: Registered Agent must be registered with the filing)

DATE

1-5-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD SPIVEY, OLIN J
STREET ADDRESS 5425 LEWELLYN ROAD
CITY-ST-ZIP LAKELAND FL 33809

TITLE ☐ DELETE

NAME STD SPIVEY, SHIRLEY J
STREET ADDRESS 5425 LEWELLYN ROAD
CITY-ST-ZIP LAKELAND FL 33809

TITLE ☐ DELETE

NAME *[Signature]*
STREET ADDRESS 2025 W DAUGHTERY ROAD
CITY-ST-ZIP LAKELAND FL 33810

TITLE ☐ DELETE

NAME *[Signature]*
STREET ADDRESS *[Signature]*
CITY-ST-ZIP *[Signature]*

TITLE ☐ DELETE

NAME *[Signature]*
STREET ADDRESS *[Signature]*
CITY-ST-ZIP *[Signature]*

TITLE ☐ DELETE

NAME *[Signature]*
STREET ADDRESS 5425 LEWELLYN ROAD
CITY-ST-ZIP LAKELAND FL 33809

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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99

Date

941-858 2242

Daytime Phone #

CR2E034 (11/98)