

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000067237 (4)

1. Corporation Name

PINEVIEW MHP INC.



Principal Place of Business

POST OFFICE BOX 1765
LAKELAND FL 33802-1765

Mailing Address

POST OFFICE BOX 1765
LAKELAND FL 33802-1765

3. Date Incorporated or Qualified
08/30/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

21 Turner Road

Suite, Apt. #, etc.

22 Lake City FL

23 Lake City FL

24 32055

25 Columbia

2a. Mailing Address

26 Route 13 Box 690

Suite, Apt. #, etc.

27 Lake City FL

28 Lake City FL

29 32055

30 Columbia

4. FEI Number
59-3331722

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 ☐

9. Name and Address of Current Registered Agent

SMITH, MARTIN J
TITLE TRUST
320 W. FLETCHER AVENUE
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name Kay D. Proulx

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

Turner Road

Route 13 Box 690

84 City Lake City

FL

85 Zip Code 32055

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 Kay D. Proulx

Signature typed or printed name of registered agent and their appointment

NOTE: Registered Agent Signature required when registering

4-9-96

DATE

12. OFFICERS AND DIRECTORS

TITLE President ☒ DELETE

NAME Lee Troupe
STREET ADDRESS P.O. Box 1765
CITY-ST-ZIP Lakeland FL 33802

TITLE VP ☒ DELETE

NAME Martin Jeffrey Smith
STREET ADDRESS P.O. Box 1765
CITY-ST-ZIP Lakeland FL 33802

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 President ☒ Change ☐ Addition

1.2 NAME Kay D. Proulx
1.3 STREET ADDRESS Rt 13 Box 690
1.4 CITY-ST-ZIP Lake City FL 32055

2.1 TITLE T/S ☒ Change ☐ Addition

2.2 NAME Edmond J. Proulx
2.3 STREET ADDRESS Rt 13 Box 690
2.4 CITY-ST-ZIP Lake City FL 32055

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Kay D. Proulx, Pres. Kay D. Proulx 4-10-96 904-758-7999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)