

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 # P95000088590 (1)

1. Corporation Name

PIONEER TRAILER PARK, INC.



Principal Place of Business

Mailing Address

3207 BENEVA ROAD #204
SARASOTA FL 34232

3207 BENEVA ROAD #204
SARASOTA FL 34232

3. Date Incorporated or Qualified

3a. Date of Last Report

11/17/1995

4. FEE Number

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 ☐

2. Principal Place of Business

2a. Mailing Address

21 1615 - 51ST AVE, E.

26 P.O. Box 1250

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 ONELO, FLA.

28 ONELO, FL

Zip

Country

Zip

Country

24 34264

25 USA

29 34264-1250

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITTS, WILLIAM J
3207 BENEVA ROAD #204
SARASOTA FL 34232

81 Name

MOYE, SHEILA

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

225 SE 8TH STREET

83

84 City

CAPE CORAL

FL

85 Zip Code

33990

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

SHEILA MOYE

Sheila Moye

4/21/96

Signature, typed or printed name of registered agent and the applicant

Signature, typed or printed name of registered agent and the applicant

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

P
NAME MOYE, LEONARD
STREET ADDRESS 118 COLE ROAD
CITY-ST-ZIP FLEMINGTON NJ 08822

TITLE ☐ DELETE

S
NAME MOYE, SHEILA
STREET ADDRESS 118 COLE ROAD
CITY-ST-ZIP FLEMINGTON NJ 08822

TITLE ☐ DELETE

T
NAME DALY, JOSEPH
STREET ADDRESS 767 WOOD LANE
CITY-ST-ZIP BEVERLY NJ 08010

TITLE ☒ DELETE

ASAT
NAME MITTS, WILLIAM J
STREET ADDRESS 3207 BENEVA ROAD #204
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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:

LEONARD MOYE, PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/96

941-772-9690

Date

Daytime Phone

CR2E034 (12/95)