

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

750.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 OCT 13 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA60000016828
1. Corporation Name
Southern Acres
A MANUFACTURED HOME COMMUNITY

Principal Place of Business Mailing Address
3485 CANCE CREEK Rd P.O. Box 703122
ST. Cloud, Florida ST. Cloud, Florida
34772 34770

2. Principal Place of Business	2b. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	11-22-96	
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-3418891	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 USA	30 USA	☐	
		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

10. Name and Address of New Registered Agent

Fred W Hawkins
1038-D PLANTATION DRIVE
KISSIMMEE, Florida 34741

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 Fred W Hawkins

10-7-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<u>PRESIDENT</u>	1.1 TITLE	☐ Change ☐ Addition
NAME	<u>Fred W Hawkins</u>	1.2 NAME	
STREET ADDRESS	<u>1038-D PLANTATION DRIVE</u>	1.3 STREET ADDRESS	<u>800002321248--5</u>
CITY-ST-ZIP	<u>KISSIMMEE, Florida 34741</u>	1.4 CITY-ST-ZIP	<u>-10/15/97-01092--007</u>
TITLE	☐ DELETE	2.1 TITLE	<u>****165.00 ****165.00</u>
NAME		2.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(c), 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: Fred W Hawkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-8-97
Date
(1407)
893-3569
Daytime Phone #

CR2E034 (9/96)