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FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90056 007 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000100917

1. Corporation Name

TILLMAN'S MOBILE HOME PARK, INC.



Principal Place of Business

1610 SOUTHERN BLVD.  
WEST PALM BEACH FL 33406

Mailing Address

1610 SOUTHERN BLVD.  
WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1998

4. FEI Number

65-0883290

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 1324 S. MAIN ST.  
Suite, Apt. #, etc.

2a. Mailing Address

26 1324 S. MAIN ST.  
Suite, Apt. #, etc.

City & State

23 Belle Glade, FL

City & State

28 Belle Glade, FL

Zip

24 33430 25 USA

Zip

29 33430 30 USA

9. Name and Address of Current Registered Agent

HOFFMAN, ALLAN L  
1610 SOUTHERN BLVD.  
WEST PALM BEACH FL 33406

81 Name

CALVIN D. ALSTON

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

1324 S. MAIN ST

83

84 City

Belle Glade

FL

85 Zip Code

33430

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

Calvin D. Alston

(NOT: Registered Agent signature required when reinstating)

04-22-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME HOFFMAN, ALLAN L  
STREET ADDRESS 1610 SOUTHERN BLVD.  
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE ~~HOFFMAN, ALLAN L~~ ☐ DELETE  
NAME ~~158~~  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P. D. ☐ DELETE  
NAME H.E. Hill  
STREET ADDRESS 1324 S MAIN ST  
CITY-ST-ZIP Belle Glade, FL 33430

TITLE VP, S.D. ☐ DELETE  
NAME CALVIN D. ALSTON  
STREET ADDRESS 1324 S. MAIN ST  
CITY-ST-ZIP Belle Glade, FL 33430

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 ☐ 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:

Calvin D. Alston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99

Date

561-996-4524

Daytime Phone #

CR2E034 (11/98)