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FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S38800

(6)

1. Corporation Name

TOM'S TRAILER PARK, INC.

Principal Place of Business

4194 KIRK RD
LAKE WORTH FL 33461
US

Mailing Address

7272 42ND WAY N
RIVIERA BEACH FL 33404
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1991

2. Principal Place of Business

2a. Mailing Address

4194 S. KIRK RD

Suite, Apt. #, etc.

22

City & State

LAKE WORTH FL

Zip

33461

Country

US

4. FEI Number

65-0252433

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCCOY, TOM J.
5601 WATERVIEW CIRCLE
PALM SPRINGS FL 33461

10. Name and Address of New Registered Agent

81 Name

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

4194 S. KIRK RD

83

84 City

LAKE WORTH

FL

85 Zip Code

33461

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PV
MCCOY, TOM J.
STREET ADDRESS 5601 WATERVIEW CR
CITY-ST-ZIP PALM SPRGS FL

TITLE ☐ DELETE

NAME ST
MCCOY, TOM J.
STREET ADDRESS 5601 WATERVIEW CR
CITY-ST-ZIP PALM SPRGS FL

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 ☒ Change ☐ Addition

1.2 NAME PV
Tom J. McCoy
1.3 STREET ADDRESS 4194 S. KIRK RD #22
1.4 CITY-ST-ZIP LAKE WORTH FL 33461

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME ST
McCoy Tom J.
2.3 STREET ADDRESS 4194 S. KIRK RD #22
2.4 CITY-ST-ZIP LAKE WORTH FL 33461

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.

SIGNATURE: *Tom J. McCoy* 2/20/98 561-968-1919

CP2E034 (10/97)