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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V01618

(0)

BETWEEN WATERS MOBILE HOME PARK, INC.

Principal Place of Business 12831 S INDIAN RIVER DR

SIGNATURE:

Mailing Address

P.O BOX 3078

JENSEN BEACH FL 34958-3078

FILED

Feb 09 1998 8:00am

Secretary of State

JENSEN BEACH FL 34957 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/20/1991 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0303819 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Ζφ Country 8. This corporation owes or has paid the current year Intangible ☐ Yes □ No 25 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 H. C. SANDERSON III Name 2301 SAVANNAH ROAD Street Address (P.O. Box Number is Not Acceptable) 82 P O BOX 3078, JENSEN BCH FL 34958 83 JENSEN BEACH FL 34957 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or prioted name of registered agent and title diapplicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE SANDERSON, H. C., III NAME 12 NAME 2301 SAVANNAH RD STREET ADDRESS 1.3 STREET ADDRESS JENSEN BEACH FL 34957 CITY-ST-ZIP 1.4 CHTY - ST - ZIP ☐ DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY - ST - ZIP Addition DELETE Change TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change ■ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP __ Change Addition DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-7IP

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 suppliemental 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 empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in