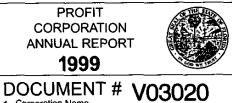
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90137 038 \*\*\*150.00

1. Corporation	1 Martic							
CARR TRAILER PARK, INC.								
Original Disa	- f Business	Mailing Address						<b>5</b> )) <b>1</b> (5)) ( <b>55</b> )
Principal Place	·	Mailing Address						
P. O. BOX 613 P. O. BOX 613 PLANT CITY FL 33564 PLANT CITY FL 33564								
						RITE IN THIS S	PACE	
					3. Date Incorporated or Qualife	·G		
a Debadaal D	lace of Business	2a. Mailing Address			12/30/1991 4. FEI Number	<del></del>	TAnn	lied For
2. Principal P		2a. Mailing Address	·		59-3104323	. <b>.</b> -		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del></del>	<u> </u>			\$8.75 A	dditional
22		27			5. Certifcate of Status Desired		Fee Rec	quired
City & Stat	e .	City & State			6. Election Campaign Financin	g 🖂	\$5.00 1	
23		28			Trust Fund Contribution		Added to	Fees
Zip			Cou	6. This os. policilot. artos are activity == things			□No	
24	9. Name and Address of Curren	29 29 Agent	301	<del>_</del> _	10. Name and Address of Nev			
	g, Harris and Addison of Corre.	is regional rigori		81 Name	0 - 1 1 2 1 0 1	<u> </u>		
	r, Jack d.		1	82 Street Add	Iress (P.O. Box Number is Not Acce	otable)		
10919 LEHMAN RD			ĺ	40	1 TAMMIS L	ANG		
TAM	PA FL 33610			83	<del></del>			
				84 City			85 Zip C	ode
				110	12 BERRY	<u> </u>	338	860
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	2 and 607.1508, Florida Statu of Florida. Such change was a	tes, the al authorized	ove-named corporati	poration submits this statement for ti ion's board of directors. I hereby acc	te purpose of cappoint	nanging its r tment as reg	registered istered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	orida Statu	tes.				ļ
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOT)	E: Renistered	Agent signature require	ed when reinstating)	DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO	FFICERS AND	) DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 717	LE			☐ Change	☐ Addition
NAME	CARR, JACK D.		1.2 NA	ме				
STREET ADDRESS	2930 CORK ROAD	D 1.3 ·		REET ADDRESS				[
CITY-ST-ZIP			Y-ST-ZIP				- Addison	
TITLE	) D	☐ DELETE	2.1 ∏	1			Change	Addition
NAME	CARR, JOHN W., JR.		2.2 NA					
STREET ADDRESS	210 11011111 1100212112			REET ADDRESS	• •			ļ
CITY-ST-ZIP	DEARBORN MI	☐ DELETE	3.1 TII	TY-ST-ZIP			Change	Addition
TITLE NAME	_		3.2 NA	1			_ •	_
STREET ADDRESS	•			REET ADDRESS				}
CITY-ST-ZIP	•		3.4. CI	TY-ST-ZIP				
TITLE	-	☐ DELETE	4,1 TT	LE LE	•		☐ Change	Addition
NAME			4. 2 N	WE				(
STREET ADDRESS			4.3 ST	REET ADDRESS	•			
CITY-ST-ZIP			4.4 CI	Y-ST-ZIP				
TITLE ·		☐ DELETE	5.1 🎹	I .			☐ Change	Addition
NAME .			5.2 NA		•			
STREET ADORESS				REET ADDRESS				
CITY-ST-ZIP		☐ DELETE		Y-ST-ZIP LE	<del></del>		☐ Change	Addition
		□ offere	6.2 NA				L Grange	
	A Company of the state of the s			REET ADDRESS				
STREET ADDRESS	F SR 1		5,50					,

14. I hereby certify that the information supplied with this filing does not gealfly 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 the 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 of the receiver or trusted 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.

6.4 CITY-ST-ZIP

SIGNATURE: