FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:13

DOCUMENT # V44410 (1)

1. Corporation Name
OHRT'S MOBILE VILLAGE, INC.

Principal Place of Business	Mailing Address
1100 US 27 NORTH SEBRING FL 33870 US	1100 US 27 NORTH SEBRING FL 33870 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/02/1992
3a. Date of Last Report: 02/16/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 1700 JERI KAY LN
Suite, Apt. #, etc.
27
City & State
28 SEBRING
Zip 29 33870 Country 30 US

4. FEI Number: 65-0350999 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCCOLLUM, JAMES F
129 COMMERCE AVE
SEBRING FL 33870-3698

10. Name and Address of New Registered Agent

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: (Signature of new or previous name of registered agent, if changed) (REQUIRED) (Registered Agent's Printed Name) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	VD ☐ Change ☐ Addition
NAME	SOLYNTES, THOMAS	12 NAME	SOLYNTJES, THOMAS
STREET ADDRESS	1100 US 27 NORTH, #44	13 STREET ADDRESS	1124 JENNIE LANE
CITY-ST-ZIP	SEBRING FL	14 CITY-ST-ZIP	SEBRING, FL., 33870
TITLE	D	21 TITLE	D ☐ Change ☐ Addition
NAME	OHRT, JAMES E AS	22 NAME	OHRT, JAMES E
STREET ADDRESS	1100 US 27 NORTH	23 STREET ADDRESS	212 KITE ST
CITY-ST-ZIP	SEBRING FL	24 CITY-ST-ZIP	SEBRING, FL, 33870
TITLE	SD	31 TITLE	SD ☐ Change ☐ Addition
NAME	SOLYNJTES, JENNIFER	32 NAME	SOLYNTJES, JENNIFER
STREET ADDRESS	1100 US 27 NORTH, #44	33 STREET ADDRESS	1124 JENNIE LANE
CITY-ST-ZIP	SEBRING FL	34 CITY-ST-ZIP	SEBRING, FL., 33870
TITLE	PD	41 TITLE	PD ☐ Change ☐ Addition
NAME	OHRT, EVERETT	42 NAME	OHRT, EVERETT
STREET ADDRESS	1100 US 27 NORTH, #56	43 STREET ADDRESS	1700 JERI KAY LANE
CITY-ST-ZIP	SEBRING FL	44 CITY-ST-ZIP	SEBRING, FL., 33870
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 is an attachment with an address.

SIGNATURE: Everett Ohrt EVERETT OHRT 2/16/95 (813)385-3289
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

0314308 CP