

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # V44410

(1)

1. Corporation Name

OHRT'S MOBILE VILLAGE, INC.



Principal Place of Business

1100 US 27 NORTH  
SEBRING FL 33870  
US

Mailing Address

1700 JERIKAY LANE  
SEBRING FL 33870  
US

3. Date Incorporated or Qualified

06/02/1992

3a. Date of Last Report

02/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0350999

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD  
NAME SOLYNTJES, THOMAS  
STREET ADDRESS 1124 JENNIE LANE  
CITY-ST-ZIP SEBRING FL ☒ DELETE

1.1 TITLE VD  
1.2 NAME SOLYNTJES, THOMAS  
1.3 STREET ADDRESS 1515 PROSPECT  
1.4 CITY-ST-ZIP SEBRING FL 33870 ☒ Change ☐ Addition

TITLE D  
NAME OHRT, JAMES E.  
STREET ADDRESS 212 KITE ST.  
CITY-ST-ZIP SEBRING FL ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME SOLYNTJES, JENNIFER  
STREET ADDRESS 1124 JENNIE LANE  
CITY-ST-ZIP SEBRING FL ☒ DELETE

3.1 TITLE SD  
3.2 NAME SOLYNTJES, JENNIFER  
3.3 STREET ADDRESS 1515 PROSPECT  
3.4 CITY-ST-ZIP SEBRING FL 33870 ☒ Change ☐ Addition

TITLE PD  
NAME OHRT, EVERETT  
STREET ADDRESS 1700 JERI KAY LANE  
CITY-ST-ZIP SEBRING FL ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Everett Ohrt EVERETT OHRT

4/24/96

(941) 385 3289

Date

Daytime Phone #

CR2E034 (12/95)