

**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 # **P94000086410 (5)**

1. Corporation Name  
**OAK HILL MOBILE HOME PARK INC.**



Principal Place of Business <b>24325 HARBOR VIEW ROAD LOT 16A PUNTA GORDA FL 33960</b>	Mailing Address <b>24325 HARBOR VIEW ROAD LOT 16A PUNTA GORDA FL 33960</b>
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3. Date Incorporated or Qualified <b>11/23/1994</b>	3a. Date of Last Report <b>04/06/1995</b>
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2. Principal Place of Business 21 <b>18920 Hwy 301</b> Suite, Apt. #, etc. 22 City & State 23 <b>Dade City, FL</b> Zip 24 <b>33525</b>	2a. Mailing Address 26 <b>Paul T. Comingore</b> Suite, Apt. #, etc. 27 <b>P.O. Box 205</b> City & State 28 <b>Waynetown, IN</b> Zip 29 <b>47990</b>	Country 25 <b>FL</b> Country 30 <b>Montgomery</b>
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4. FEI Number <b>59-3280582</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**COMINGORE, RUTH  
24325 HARBOR VIEW ROAD  
LOT 16A  
PUNTA GORDA FL 33960**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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: Paul Comingore DATE: 4/26/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COMINGORE, PAUL T</b>	1.2 NAME	
STREET ADDRESS	<b>321 NORTH VINE STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WAYINTOWN IN 47990</b>	1.4 CITY-ST-ZIP	
TITLE	<b>STD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COMINGORE, GLORIA J</b>	2.2 NAME	
STREET ADDRESS	<b>321 NORTH VINE STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WAYINTOWN IN 47990</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: Paul T. Comingore / Paul T. Comingore DATE: 4/25/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)