


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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90062 003 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 674924
 1. Corporation Name
JEFFERSON CAMPGROUND, INC.



Principal Place of Business 14584 66TH STREET NORTH CLEARWATER FL 34624-7205	Mailing Address 14584 66TH STREET NORTH CLEARWATER FL 34624-7205
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/25/1980	
4. FEI Number 59-2047707	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 150 Rue Des Chateaux Suite, Apt. #, etc.	2a. Mailing Address 26 150 Rue Des Chateaux Suite, Apt. #, etc.
22 City & State 23 TARPON SPRINGS, FL.	27 City & State 28 TARPON SPRINGS, FL.
24 Zip 34689 Country PINELLAS.	29 Zip 34689 Country PINELLAS

9. Name and Address of Current Registered Agent O'CONNOR, PATRICK M. 18167 US 19 NORTH HARBOURSIDE SUITE 461 CLEARWATER FL 34624	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, STANLEY W, JR	1.2 NAME	
STREET ADDRESS	5911 APPLECROSS ST N	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST-PETERSBURG, FL-33709	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, STANLEY W, SR	2.2 NAME	
STREET ADDRESS	2333 HAWTHORNE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33515	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, ELLEN J	3.2 NAME	
STREET ADDRESS	5911 APPLECROSS ST, N	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 33709	3.4 CITY-ST-ZIP	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, STANLEY W. JR.	4.2 NAME	
STREET ADDRESS	150 Rue Des Chateaux	4.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS, FL. 34689	4.4 CITY-ST-ZIP	
TITLE	Secretary-Treasurer <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cole, ELLEN J.	5.2 NAME	
STREET ADDRESS	150 Rue Des Chateaux	5.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL. 34689	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any other block in this report, if an officer, director, receiver, trustee, or agent authorized to file this report.

SIGNATURE: Stanley W. Cole, Jr. President 04/12/99 227-937-8589
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)