

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:46

DOCUMENT # F07228 (2)

1. Corporation Name
HOLIDAY TRAVEL PARK CO-OP, INC.

Principal Place of Business Mailing Address
OLD DIXIE HWY STAR ROUTE BOX 54A
BUNNELL FL 32110 BUNNELL FL 32110
US US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 2261 Old Dixie Hwy.		26 HC 1 Box 54		11/26/1980	03/29/1994
22 City & State		27 City & State		4. FEI Number	Applied For
23 Bunnell, FL		28 Bunnell, FL		59-2094700	Not Applicable
24 32110		25 Flagler		5. Certificate of Status Desired	\$8.75 Additional Fee Required
29 32110		30 Flagler		<input type="checkbox"/>	<input type="checkbox"/>
23 Bunnell, FL		28 Bunnell, FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 32110		25 Flagler		<input type="checkbox"/>	<input type="checkbox"/>
29 32110		30 Flagler		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WILCOX, GEORGE A ST RT BOX 54 A OLD DIXIE HWY BUNNELL FL 32110				81 Name	Lawrence Low		
				82 Street Address (P.O. Box Number is Not Acceptable)	HC 1 Box 54		
				83			
				84 City	Bunnell, FL.	85 Zip Code	32110

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, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: Lawrence Low DATE: 2-8-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1. TITLE	William Moury V.P. 2nd <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOURY, WILLIAM (SECON	2. NAME	William Moury
STREET ADDRESS	ST RT BOX 54A	3. STREET ADDRESS	HC 1 Box 54
CITY - ST - ZIP	BUNNELL, FL 00000	4. CITY - ST - ZIP	Bunnell, FL. 32110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P	2.1 TITLE	1st. V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOW, LAWRENCE	2.2 NAME	Jim Akers
STREET ADDRESS	ST. RT BOX 54A N/A	2.3 STREET ADDRESS	HC 1 Box 54
CITY - ST - ZIP	BUNNELL, FL 00000	2.4 CITY - ST - ZIP	Bunnell, FL. 32110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP	3.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKERS, JIM	3.2 NAME	Charles Swanberg
STREET ADDRESS	ST. RT. BOX 54A N/A	3.3 STREET ADDRESS	HC 1 Box 54, Bunnell, FL. 32110
CITY - ST - ZIP	BUNNELL, FL 00000	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, LUELLA	4.2 NAME	ALice L. Carr
STREET ADDRESS	ST RT BOX 54A	4.3 STREET ADDRESS	HC1 Box 54 Bunnell, FL. 32110
CITY - ST - ZIP	BUNNELL, FL 00000	4.4 CITY - ST - ZIP	
TITLE	T	5.1 TITLE	Member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWANBERG, CHARLES	5.2 NAME	Gorman Dillingham
STREET ADDRESS	ST. RT. BOX 54A N/A	5.3 STREET ADDRESS	HC 1 Box 54 Bunnell, FL. 32110
CITY - ST - ZIP	BUNNELL, FL 00000	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	Member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Gordon Greenlaw
STREET ADDRESS		6.3 STREET ADDRESS	Hc1 Box 54 Bunnell, FL. 32110
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 on Block 12 or Block 13 as a change or as an addition with an address.

SIGNATURE: Charles J. Swanberg DATE: Jan. 25, 1995

904-672-8122