

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 # **F07228** (2)

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



Principal Place of Business: **2261 OLD DIXIE HWY
BUNNELL FL 32110
US**

Mailing Address: **HC 1 BOX 54
BUNNELL FL 32110
US**

3. Date Incorporated or Qualified: **11/26/1980** 3a. Date of Last Report: **02/14/1995**

2. Principal Place of Business	2a. Mailing Address	4. FET Number	Applied For
21	26	59-2094700	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent										
LOW, LAWRENCE HC 1 BOX 54 OLD DIXIE HWY BUNNELL FL 32110	<table border="1"> <tr> <td>81</td> <td>Name</td> </tr> <tr> <td>82</td> <td>Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84</td> <td>City</td> </tr> <tr> <td>85</td> <td>Zip Code</td> </tr> </table>	81	Name	82	Street Address (P.O. Box Number is Not Acceptable)	83		84	City	85	Zip Code
81	Name										
82	Street Address (P.O. Box Number is Not Acceptable)										
83											
84	City										
85	Zip Code										

11. Pursuant to the provisions of Sections 607.0507 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	D
NAME	MOURY, WILLIAM	1.2 NAME	Bemis, Richard
STREET ADDRESS	HC 1 BOX 54	1.3 STREET ADDRESS	HC 1 Box 54
CITY-ST-ZIP	BUNNELL FL	1.4 CITY-ST-ZIP	Bunnell, FL. 32110
	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VP	2.2 NAME	
NAME	AKERS, JIM	2.3 STREET ADDRESS	
STREET ADDRESS	HC 1 BOX 54	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	BUNNELL FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.1 TITLE	
TITLE	T	3.2 NAME	
NAME	SWANBERG, CHARLES	3.3 STREET ADDRESS	
STREET ADDRESS	HC 1 BOX 54	3.4 CITY-ST-ZIP	
CITY-ST-ZIP	BUNNELL FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.1 TITLE	D
TITLE	S	4.2 NAME	Ferrell, William
NAME	CARR, ALICE L	4.3 STREET ADDRESS	HC 1 Box 54
STREET ADDRESS	HC1 BOX 54	4.4 CITY-ST-ZIP	Bunnell, FL. 32110
CITY-ST-ZIP	BUNNELL FL		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	
TITLE	T	5.2 NAME	
NAME	GILLINGHAM, GORMAN	5.3 STREET ADDRESS	
STREET ADDRESS	HC 1 BOX 54	5.4 CITY-ST-ZIP	
CITY-ST-ZIP	BUNNELL FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.1 TITLE	
TITLE	M	6.2 NAME	
NAME	GREENLAW, GORDON	6.3 STREET ADDRESS	
STREET ADDRESS	HC1 BOX 54	6.4 CITY-ST-ZIP	
CITY-ST-ZIP	BUNNELL FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE		

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: *Charles G. Swanberg (Treas)* **Charles G. Swanberg** 7-11-96 904-672-8122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)