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**Mar 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
2261 OLD DIXIE HWY BUNNELL FL 32110 US **HC 1 BOX 54 BUNNELL FL 32110-8708 US**

3. Date Incorporated or Qualified **11/26/1980** 3a. Date of Last Report **04/16/1996**
4. FEI Number **59-2084700** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOW, LAWRENCE **ELEANOR SHEPPARD**
HC 1 BOX 54 **HC 1 BOX 54**
OLD DIXIE HWY **BUNNELL FL 32110**
BUNNELL FL 32110

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 *Eleanor Sheppard* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D <input type="checkbox"/> DELETE
NAME	BEMIS, RICHARD
STREET ADDRESS	HC 1-BOX 54
CITY- ST- ZIP	BUNNELL FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	AKERS, JIM
STREET ADDRESS	HC 1 BOX 54
CITY- ST- ZIP	BUNNELL FL
TITLE	T <input type="checkbox"/> DELETE
NAME	SWANBERG, CHARLES
STREET ADDRESS	HC 1 BOX 54
CITY- ST- ZIP	BUNNELL FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FERRELL, WILLIAM
STREET ADDRESS	HC 1-BOX 54
CITY- ST- ZIP	BUNNELL FL
TITLE	T <input type="checkbox"/> DELETE
NAME	GILLINGHAM, GORMAN
STREET ADDRESS	HC 1 BOX 54
CITY- ST- ZIP	BUNNELL FL
TITLE	M <input type="checkbox"/> DELETE
NAME	GREENLAW, GORDON
STREET ADDRESS	HC1 BOX 54
CITY- ST- ZIP	BUNNELL FL

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ARLENE DEFRECE
2.3 STREET ADDRESS	HC1 BOX 54
2.4 CITY- ST- ZIP	BUNNELL FL 32110
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GLADYS HARDIE SD
3.3 STREET ADDRESS	HC1 BOX 54
3.4 CITY- ST- ZIP	BUNNELL FL 32110
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VP D GILLINGHAM, GORMAN
5.3 STREET ADDRESS	HC1 BOX 54
5.4 CITY- ST- ZIP	BUNNELL FL 32110
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D GREENLAW, GORDON
6.3 STREET ADDRESS	HC1 BOX 54
6.4 CITY- ST- ZIP	BUNNELL FL 32110

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Arlene DeFrece*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-97

Date Daytime Phone #

CR2E034 (9/96)