

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/26/1980	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28
4. FEI Number 59-2094700	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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SHEPPARD, ELEANOR HCI BOX 54 BUNNELL FL 32110				10. Name and Address of New Registered Agent			
81	Name Glenn D. Eubank			85	Zip Code 32110		
82	Street Address (P.O. Box Number is Not Acceptable) HC 2 Box 54A						
83	City 2261 Old Dixie Hwy						
84	City Bunnell			85	Zip Code FL 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, 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: *[Signature]* **Glenn D. Eubank General Mgr** DATE: **5/12/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEMIS, RICHARD	1.2 NAME	Sheppard, Eleanor
STREET ADDRESS	HC 1-BOX 54	1.3 STREET ADDRESS	HC 1 Box 54A
CITY-ST-ZIP	BUNNELL FL	1.4 CITY-ST-ZIP	Bunnell FL 32110
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFREECE, ARCEENE	2.2 NAME	
STREET ADDRESS	HCI BOX 54	2.3 STREET ADDRESS	
CITY-ST-ZIP	BUNNELL FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDIE, GLADYS	3.2 NAME	
STREET ADDRESS	HCI BOX 54	3.3 STREET ADDRESS	
CITY-ST-ZIP	BUNNELL FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRELL, WILLIAM	4.2 NAME	
STREET ADDRESS	HC 1-BOX 54	4.3 STREET ADDRESS	
CITY-ST-ZIP	BUNNELL FL	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLINGHAM, GORMAN	5.2 NAME	
STREET ADDRESS	HCI BOX 54	5.3 STREET ADDRESS	
CITY-ST-ZIP	BUNNELL FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENLAW, GORDON	6.2 NAME	
STREET ADDRESS	HCI BOX 54	6.3 STREET ADDRESS	
CITY-ST-ZIP	BUNNELL FL	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)(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: *[Signature]* DATE: **5/12/98 (904) 672-8122**

CR2E034 (10/97)