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Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90019 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F07228
 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

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

3. Date Incorporated or Qualified 11/26/1980	4. FEI Number 59-2094700	Applied For 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		

9. Name and Address of Current Registered Agent
 EUBANK, GLENN
 HC 1 BOX 54A
 2261 OLD DIXIE HWY
 BUNNELL FL 32110

10. Name and Address of New Registered Agent
 81 Name **CONNIE BRIDGES**
 82 Street Address (P.O. Box Number is Not Acceptable)
HC 1 BOX 54A
 83 **2261 Old Dixie Hwy.**
 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, 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 **CONNIE BRIDGES - MANAGER** DATE **3/25/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BEMIS, RICHARD
STREET ADDRESS	HC 1-BOX 54
CITY-ST-ZIP	BUNNELL FL
TITLE	ID <input type="checkbox"/> DELETE
NAME	DEFREECE, ARCEENE
STREET ADDRESS	HCI BOX 54
CITY-ST-ZIP	BUNNELL FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	HARDIE, GLADYS
STREET ADDRESS	HCI 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	VPD <input type="checkbox"/> DELETE
NAME	GILLINGHAM, GORMAN
STREET ADDRESS	HCI BOX 54
CITY-ST-ZIP	BUNNELL FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GREENLAW, GORDON
STREET ADDRESS	HCI BOX 54
CITY-ST-ZIP	BUNNELL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Loucks - President
1.3 STREET ADDRESS	HC 1 - Box 54 A
1.4 CITY-ST-ZIP	Bunnell, FL. 32110
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jeannette Meyers - Treasurer
3.3 STREET ADDRESS	HC 1 - Box 54 A
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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: **John C. Loucks - President** DATE: **3/25/99** DAYTIME PHONE #: **672-8122**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)