

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

APPROVED AND FILED *pg 1 of 2*

1997 MAY -8 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

PROFIT CORPORATION
ANNUAL REPORT
1997

DOCUMENT # P95000042777

1. Corporation Name

TURTLE CREEK CAMPGROUND, INC.

Principal Place of Business

Mailing Address

10200 W. FISHBOWL DR. P. O. BOX 4079
HOMOSASSA SPRINGS, FL. HOMOSASSA SPRINGS, FL.
34448 34447-4079

PLEASE NOTE: DIFFERENCE IN ABOVE ADDRESSES

3. Date Incorporated or Qualified 5/26/95	3a. Date of Last Report -0-
4. FEI Number 59-3342857	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2b. Mailing Address
21. Suite, Apt. #, etc.	25. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. HOMOSASSA SPRINGS, FL.
24. Country	29. 34447
	30. citrus

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARBARA AGER
793 OAKLAND ROAD
ALTAMONTE SPRINGS, FL. 32701

81. Name LINDA L. RADLOFF
82. Street Address (P.O. Box Number is Not Acceptable) NO MAIL REC'D 10200 W. FISHBOWL DRIVE @ physical address
83. P. O. BOX 4079
84. City HOMOSASSA SPRINGS, FL
85. Zip Code 34447

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: LINDA L. RADLOFF, SECRETARY/TREASURER *Linda L. Radloff* 5/6/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PRESIDENT <input type="checkbox"/> DELETE	11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	400002180344--8	
NAME: T.A. (TOM) RADLOFF	12. NAME	-05/15/97--01103--012	
STREET ADDRESS: 10137 W. FISHBOWL DRIVE	13. STREET ADDRESS	****365.00 ****365.00	
CITY-STATE-ZIP: HOMOSASSA, FL. 34448	14. CITY-ST-ZIP		
TITLE: V.P.-E.R. (ERNIE) RADLOFF <input type="checkbox"/> DELETE	21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME: 49TH street	22. NAME		
STREET ADDRESS: MARATHON, FL. 33050-1131	23. STREET ADDRESS		
CITY-STATE-ZIP:	24. CITY-ST-ZIP		
TITLE: SECRETARY-TREAS-REG. AGT. <input type="checkbox"/> DELETE	31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME: LINDA L. RADLOFF	32. NAME		
STREET ADDRESS: 10137 W. FISHBOWL DRIVE	33. STREET ADDRESS		
CITY-STATE-ZIP: HOMOSASSA, FL. 34448	34. CITY-ST-ZIP		
TITLE: <input type="checkbox"/> DELETE	41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME:	42. NAME		
STREET ADDRESS: PLEASE NOTE: OUR PHYSICAL ADDRESS IS FOR DELIVERIES ONLY. HAS NO MAIL BOX	43. STREET ADDRESS		
CITY-STATE-ZIP: HOMOSASSA ZIP CODE: 34448 HOMOSASSA SPRINGS ZIP: 34447	44. CITY-ST-ZIP		
TITLE: <input type="checkbox"/> DELETE	51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME:	52. NAME		
STREET ADDRESS:	53. STREET ADDRESS		
CITY-STATE-ZIP:	54. CITY-ST-ZIP		
TITLE: <input type="checkbox"/> DELETE	61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME:	62. NAME		
STREET ADDRESS:	63. STREET ADDRESS		
CITY-STATE-ZIP:	64. CITY-ST-ZIP		

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: LINDA L. RADLOFF *Linda L. Radloff* 5/7/97 352-628-5243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

*1/18/97
5/14/97*

pg 2 of 2

DOCUMENT # P9500004277 TURTLE CREEK CAMPGROUND, INC.

APRIL 29TH, 1997

TO WHOM IT MAY CONCERN: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FLORIDA 32314

ATTACHED PLEASE FIND OUR ANNUAL REPORT AND CHECK IN THE AMOUNT OF \$365.00 TO REINSTATE TURTLE CREEK CAMPGROUND, INC.

PLEASE NOTE OUR CORRECT MAILING ADDRESS:

TURTLE CREEK CAMPGROUND, INC.
P. O. BOX 4079
HOMOSASSA SPRINGS, FL. 32701.

WE RESPECTFULLY REQUEST REINSTATEMENT AS WE DID NOT RECEIVE ONE NOTICE. CHECKING WITH YOUR OFFICE I FOUND OUT THE NOTICES WERE SENT TO OUR PHYSICAL ADDRESS. WE DO NOT EVER RECEIVE MAIL OR HAVE A MAILBOX AT OUR PHYSICAL ADDRESS.

PLEASE ADVISE OF YOUR DECISION AT YOUR EARLIEST CONVENIENCE.

YOURS TRULY,

TURTLE CREEK CAMPGROUND, INC.



LINDA L. RADLOFF

SECRETARY

CC: FILE

ENCLOSURE: Annual report
Check \$365.00

Rec'd reinstatement & Corp Annual Report 5/6/97