


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

FILED
Jan 20 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 # P95000042777 (9)
 1. Corporation Name
TURTLE CREEK CAMPGROUND, INC.



Principal Place of Business 10200 W. FISHBOWL DR HOMOSASSA FL 34448	Mailing Address P.O. BOX 4079 HOMOSASSA SPRINGS FL 34447-4079
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10200 W. Fishbowl Dr. HOMOSASSA, FL 34448	2a. Mailing Address 26 P.O. Box 4079 HOMOSASSA SPRINGS, FL 34447
23 HOMOSASSA, FL.	27 HOMOSASSA SPRINGS, FL
24 34448 Country USA	28 34447-4079 Country USA

3. Date Incorporated or Qualified 05/26/1995	
4. FEI Number 59-3342857	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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RADLOFF, LINDA L
10137 W. FISHBOWL DR
HOMOSASSA FL 34448

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> DELETE
NAME RADLOFF, T A	
STREET ADDRESS 10137 W. FISHBOWL DRIVE	
CITY - ST - ZIP HOMOSASSA FL 34448	
TITLE VP	<input type="checkbox"/> DELETE
NAME RADLOFF, ERNIE	
STREET ADDRESS 49TH STREET	
CITY - ST - ZIP MARATHON FL 33050-1131	
TITLE ST	<input type="checkbox"/> DELETE
NAME RADLOFF, LINDA L	
STREET ADDRESS 10137 W. FISHBOWL DRIVE	
CITY - ST - ZIP HOMOSASSA FL 34448	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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.

SIGNATURE: *Linda L. Radloff* **LINDA L. RADLOFF 1-9-98 352-628-2928**

CR2E034 (10/97)