FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **335197** **(0)**

1. Corporation Name

TRAVEL TOWNE PARKS OF AMERICA, INC.

Principal Place of Business

29850 US HWY 19 N
CLEARWATER FL 34621
US

Mailing Address

P O BOX 1097
CRYSTAL BEACH FL 34681-1097
US

3. Date Incorporated or Qualified: **09/18/1968**

3a. Date of Last Report: **03/09/1995**

4. FEI Number: **59-1229064** ☐ 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

2. Principal Place of Business

21 _____
Street Address
22 _____
City & State
23 _____
Zip 24 _____ County 25 _____

2a. Mailing Address

26 _____
Street Address
27 _____
City & State
28 _____
Zip 29 _____ Country 30 _____

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [X] Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, MICHAEL
11875 CEDAR STREET
P.O. BOX 1909
DUNNELLON FL 34430

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 Section 605.0505, 607.1505, 617.1505, 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. The corporation 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PSD ☐ DELETE	1 TITLE	☐ Change ☐ Addition
1 NAME	GORDON, MARDEN S	1 NAME	
1 STREET ADDRESS	P O BOX 1097 N/A	1 STREET ADDRESS	
1 CITY-ST-ZIP	CRYSTAL BEACH FL	1 CITY-ST-ZIP	
2 TITLE	☐ DELETE	2 TITLE	☐ Change ☐ Addition
2 NAME		2 NAME	
2 STREET ADDRESS		2 STREET ADDRESS	
2 CITY-ST-ZIP		2 CITY-ST-ZIP	
3 TITLE	☐ DELETE	3 TITLE	☐ Change ☐ Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY-ST-ZIP		3 CITY-ST-ZIP	
4 TITLE	☐ DELETE	4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY-ST-ZIP		4 CITY-ST-ZIP	
5 TITLE	☐ DELETE	5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY-ST-ZIP		5 CITY-ST-ZIP	
6 TITLE	☐ DELETE	6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY-ST-ZIP		6 CITY-ST-ZIP	

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 added to the report with an address.

SIGNATURE: Marden S. Gordon, President 02/26/96 (813) 787-1349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARDEN S. GORDON, PRESIDENT