

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 # **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**

3. Date Incorporated or Qualified
11/26/1980

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

**LOW, LAWRENCE
HC 1 BOX 54
OLD DIXIE HWY
BUNNELL FL 32110**

4. FEI Number
59-2094700

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**

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

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 607.0507 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, typed or printed name of registered agent and his title (applicable)

(NOTE: Registered Agent signature required when re-electing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VP** ☒ DELETE
NAME **MOURY, WILLIAM**
STREET ADDRESS **HC 1 BOX 54**
CITY-STATE-ZIP **BUNNELL FL**

TITLE **VP** ☐ DELETE
NAME **AKERS, JIM**
STREET ADDRESS **HC 1 BOX 54**
CITY-STATE-ZIP **BUNNELL FL**

TITLE **T** ☐ DELETE
NAME **SWANBERG, CHARLES**
STREET ADDRESS **HC 1 BOX 54**
CITY-STATE-ZIP **BUNNELL FL**

TITLE **S** ☒ DELETE
NAME **CARR, ALICE L**
STREET ADDRESS **HC1 BOX 54**
CITY-STATE-ZIP **BUNNELL FL**

TITLE **T** ☐ DELETE
NAME **GILLINGHAM, GORMAN**
STREET ADDRESS **HC 1 BOX 54**
CITY-STATE-ZIP **BUNNELL FL**

TITLE **M** ☐ DELETE
NAME **GREENLAW, GORDON**
STREET ADDRESS **HC1 BOX 54**
CITY-STATE-ZIP **BUNNELL FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **D** ☐ Change ☒ Addition
12 NAME **Bemis, Richard**
13 STREET ADDRESS **HC 1 Box 54**
14 CITY-STATE-ZIP **Bunnell, FL. 32110**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE **D** ☐ Change ☒ Addition
42 NAME **Ferrell, William**
43 STREET ADDRESS **HC 1 Box 54**
44 CITY-STATE-ZIP **Bunnell, FL. 32110**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I do 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)(k), 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: *Charles G. Swanberg (Trans)* **Charles G. Swanberg** 7-11-96 904-672-8122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)