

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY - 1 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 333748 (2)

1. Corporation Name  
CAMP WORLD, INC.

Principal Place of Business Mailing Address  
1115 E. LIVINGSTON ST. 1115 E. LIVINGSTON ST.  
ORLANDO FL 32803 ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/13/1968 3a. Date of Last Report 05/01/1994

4. FEI Number 59-1214822 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

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 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent  
PETERSON (JON C.)  
1115 EAST LIVINGSTON  
ORLANDO FL 32803

10. Name and Address of New Registered Agent  
81 Name Peterson, J. Christian Jr  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 1115 E. Livingston St  
84 City Orlando FL 85 Zip Code 32803

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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]* President DATE 1/16/95

12. OFFICERS AND DIRECTORS

TITLE	POST
NAME	PETERSON, J. CHRIS
STREET ADDRESS	1115 E. LIVINGSTON ST.
CITY ST ZIP	ORLANDO FL
TITLE	STD
NAME	PETERSON, JON C.
STREET ADDRESS	797 PINETREE
CITY ST ZIP	WINTER PARK FL
TITLE	VPD
NAME	LEARY, TAMRA P.
STREET ADDRESS	1115 E. LIVINGSTON ST.
CITY ST ZIP	ORLANDO FL
TITLE	VPD
NAME	PETERSON, KAREN N.
STREET ADDRESS	1115 LIVINGSTON ST.
CITY ST ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	delete
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	delete
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	delete
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST 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)(g), 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: *[Signature]* DATE 1/16/95 (47) 425-1115  
J. Chris Peterson