

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 # 333748 (2)

1. Corporation Name

CAMP WORLD, INC.

Principal Place of Business

1115 E. LIVINGSTON ST.
ORLANDO FL 32803

Mailing Address

1115 E. LIVINGSTON ST.
ORLANDO FL 32803



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

PETERSON, J. CHRISTIAN J
1115 EAST LIVINGSTON
ORLANDO FL 32803

3. Date Incorporated or Qualified

08/13/1968

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1214822

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 607.0502 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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when not State agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PDST
PETERSON, J. CHRIS
1115 E. LIVINGSTON ST.
ORLANDO FL

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TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ Change

☐ Addition

2. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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3. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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26. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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27. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ Change

☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-425-1115

DATE

DAYTIME PHONE #

CR2E034 (12/95)