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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Corporation	MENT # 333989 CAMPGROUND, INC.	(2)							
Principal Place of Business 10000 PARK BLVD SEMINOLE FL 34647-3809		Mailing Address 10000 PARK BLVD SEMINOLE FL 33777-3809		(100156 was inne mile faller strift libit (11014 0 1014 010	(1. 6151) 4151) 4	DIALL IBAL		
						3. Date Incorporated or Qualified 08/19/1968		e of Last R	eport
2. Principal Pl	2a. Mailing Address	Vailing Address			4. FEI Number Applied For 59-1224279 Not Applicab				
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional	
City & State	е	City & Stale				6. Election Campaign Financing		\$5.00	·
Z Ip	Country			Country		Trust Fund Contribution 8. This corporation has liability for it	ntangible t	Added t ax under s	
24	25 29 30 9. Name and Address of Current Registered Agent					Florida Statutes	Yes [No	
DAVI		Registered Agent		B1	Name	10. Name and Address of New Re	IISTOLOG W	Seur	
BAYNARD, WILLIAM T, JR 1700- 9TH STRRET NORTH				82 :	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
ST. PETERSBUG FL 33713			-	83					
				84	City			85 Zip (Code
44 Darsant	to the provisions of Sections 607.0502	and 607 1509 Florida State	too the ab		amod oorne	eration automite this statement for the p	FL	changing it	e registered
office or r agent I a SIGNATURE	egistered agent, or both, in the State of minar with, and accept the obligat	ions of, Section 607.0505, F	lorida Statu	ites.		on's board of directors. I hereby accept d when reinstating)	the appo	intment as	registered
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
TITLE			1.1 TITLE					Change	Addition
NAME PERSONAL CONTRACTOR	BAYNARD, WILLIAM T, SR.	BAYNAHD, WILLIAM 1, SM. 1700 9TH STREET NORTH		1,2 NAME					
STREET ADDRESS C-TY - ST - ZIP	ST PETERSBURG FL			1.3 STREET ADDRESS 1.4 GITY-ST-ZiP					i
TITLE	VPD	DELETE		2.1 TiTLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAMÉ			2.2 NA	2.2 NAME					
STREET ADDRESS	100 2ND AVE SOUTH #1202 ST PETERSBURG FL			2 3 STREET ADDRESS					
CITY - ST - ZIP TITLE	STD DELETE			2. 4 CITY-ST-ZIP 3 1 TITLE				Change	Addition
NAME	BAYNARD, J THOMAS		3.2 NAME					-	
STREET ADDRESS	1700 9TH STREET NORTH	H s:		3.3 STREET ADDRESS					
CITY-ST-ZIP	ST PETERSBURG FL	☐ DELETE	3 4. CIT		ZIP			Change	☐ Addition
T TLF NAME	VP RHEA, MARILYN	☐ Nettic	4.1 THTU 4. 2 NA		}		!	crange	LI ADGIIION
STREET ADDRESS	10000 PARK BLVD		4.3 STF		DDRESS				
CITY - ST - ZIP	SEMINOLE FL		4.4 CIT	Y - ST -	ZIP				
T ILF		☐ DELETE	5.1 TiTi		-			Change	Addition Addition
NAME STREET ADDRESS			5.2 NA/ 5.3 STR		DRESS				
CHT+S*-ZIP			5.4 CIT						
TITLE				6.1 TITLE:				Change	Addition
NAME			6.2 NAI	ME					
STHEET ADDRESS			6.3 STF	REET A	DDRESS				i
City - ST-ZIP			6.4 CIT	Y-\$T-	ZIP				

14. I do 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 or an altachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12197 81

FILED

Jan 28 1997 8:00am

Secretary of State

813-391-4960