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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

415945

(5)

BURNT STORE CAMPGROUND CORP.

**FILED** Feb 18 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address		- 1 188(I) GIADY IIAAN ANINE SEUN BYAAN BY	ia nanti ninia nini nini nini nini nini
5000 DELTONA DRIVE PUNTA GORDA FL 33950		5000 DELTONA DRIVE PUNTA GORDA FL 3395	0	DO NOT WRITE	E IN THIS SPACE
				3. Date Incorporated or Qualified 12/22/1972	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1695969	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	id the current year Intangible
24	25	29	30	Personal Property Tax due June	
	9. Name and Address of Curr	ent Hegistered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	HNSON, E. DAVID		oi Name		
131 TAYLOR ST.			82 Street Addr	ress (P.O. Box Number is Not Acceptab	ie)
PUI	NTA GORDA FL 33950		83		
			84 City		FL 85 Zip Code
11. Pursuant I	to the provisions of Sections 607.0	502 and 607.1508. Florida Statu	tes the above-named corr	orgation submits this statement for the r	urnose of changing its registered
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.					
=	miliamai wan, and accept the opi	iganons of, Section bor 10005, Fr	orida Statutes.		
SIGNATURE	Signature, typed or printed name of registered a	agent and the if applicable (NO)	E: Registered Agent signature requir	ed when reinstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	PD	∐ DELETE	1.1 TITLE		Change Addition
NAME	USBY, DREW		1.2 NAME		1
STREET ADDRESS	\$27 W PALM AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL	T Drugge	1.4 CITY - ST - ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		L. Change L. Addition
NAME	LISBY, NANCY		2.2 NAME		
STREET ADORESS	527 W PALM AVE PUNTA GORDA FL		2.3 STREET ADDRESS		,
CITY-ST-ZIP TITLE	VD VD	DELETE	2.4 CRY-ST-ZIP 3.1 TITLE		Change Addition
NAME	LISBY, CHARLES		3.2 NAME		El cuande El Addition
STREET ADDRESS	527 W PALM AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		3.4. CITY-ST-ZIP		
TITLE	VD	DELETE	4.1 TITLE		Change Addition
NAME	LISBY, TIMOTHY		4. 2 NAME		
STREET ADDRESS	5438 PAPAYA DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		ان. بيا <u>د</u>	5.4 CITY-ST-ZIP		
TITLE		. DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	ortify that the information appoint	with this films does not avoice to	6.4 CITY-ST-ZIP	Castian 110 07/0V0 51-51-50-1	
14. I 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 logal 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 alternment with an address.					