

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Jul 15 1996 8:00 am  
Secretary of State

DOCUMENT # **448072 (9)**

1. Corporation Name

**ZACHARY TAYLOR CAMPING AND LODGE, INC.**



Principal Place of Business: **3321 S.E. 30TH TERR. OKEECHOBEE FL 34974**  
Mailing Address: **3321 S.E. 30TH TERR. OKEECHOBEE FL 34974**

3. Date incorporated or Qualified: **04/10/1974**  
3a. Date of Last Report: **03/08/1995**

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 25 29 30

4. FEI Number: **59-1519873**  
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

9. Name and Address of Current Registered Agent

**FREED, CHARLES R  
3321 SE 30TH TERRACE  
OKEECHOBEE FL 34974**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

10. Name and Address of New Registered Agent

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]* DATE: **4.30.96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FREED, JOANN W.	
STREET ADDRESS	3321 SE 30TH TERRACE	
CITY - ST - ZIP	OKEECHOBEE, FL 00000	
TITLE	PVT	<input type="checkbox"/> DELETE
NAME	FREED, CHARLES R	
STREET ADDRESS	3321 SE 30TH TERRACE	
CITY - ST - ZIP	OKEECHOBEE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FREED, CHARLES R	
STREET ADDRESS	3321 SE 30TH TERRACE	
CITY - ST - ZIP	OKEECHOBEE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	A/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHARLES R. FREED	
1.3 STREET ADDRESS	3321 SE 30TH TERRACE	
1.4 CITY - ST - ZIP	OKEECHOBEE FL 34974	
2.1 TITLE	V/S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHRIS W. YOUNG	
2.3 STREET ADDRESS	3321 SE 30TH TERRACE	
2.4 CITY - ST - ZIP	OKEECHOBEE FL 34974	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RUBY N. HALL	
3.3 STREET ADDRESS	2995 HWY 441 SE	
3.4 CITY - ST - ZIP	OKEECHOBEE FL. 34974	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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: *[Signature]* DATE: **4.30.96** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **763 8094**

CR2E034 (12/95)