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

**FILED** Mar 02 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (1)484295 GREEN ACRES CAMPGROUND, INC. Principal Place of Business Mailing Address 12720 U.S. HWY 82 12720 U.S. HWY 92 DOVER FL 33527 DOVER FL 33527 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/01/1975 Applied For 2. Principal Place of Business 2a. Mailing Address 21 26 59-1630884 Not Applicable Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zιρ Country Zip Country 8. This corporation owes or has paid the current year intangible ☐ Yes 24 Personal Property Tax due June 30. 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DUMKE, CONRAD L. 12720 US HWY 92 82 Street Address (P.O. Box Number is Not Acceptable) DOVER FL 33527 83 84 City 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition ۷D TITLE DUMKE, SCOT 1.2 NAME NAME 12720 US HWY 92 STREET ADDRESS 1.3 STREET ADDRESS DOVER FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 2.1 TITLE Addition PDC NAME **DUMKE, CONRAD** 2.2 NAME STREET ADDRESS 12720 US HWY 92 23 STREET ADDRESS CITY-ST-ZIP DOVER FL 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE DUMKE, NEODA NAME 3.2 NAME 12720 US HWY 92 STREET ADDRESS 3.3 STREET ADDRESS DOVER FL 3.4. CITY - \$1 - ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME DUMKE, CHAD 4. 2 NAME 12720 US HWY.92 STREET ADDRESS 4.3 STREET ADDRESS DOVER FL CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

DELETE

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

61 TITLE

62 NAME

14. Thereby certify that the information supplied with this filling 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 supplementar 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 of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or on all achine of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.3 STREET ADDRESS

Addition

813659,0002