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

PROFIT CORPORATION ANNUAL REPORT

1997

MILTON FL 32570

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Ζip

2. Principal Place of Business

NEUGENT. TERRELL

Suite, Apt. #, etc.

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 28 1997 8:00am Secretary of State

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

11/12/1975

4, FEI Number 59-1642589 3a. Date of Last Report

Yes X No

8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

DOCUMENT # 489295	(6)
PENSACOLA FAST KOA KAMPGROUND, INC.	

Principal Place of Business Mailing Address
3700 GARCON POINT ROAD POST OFFICE BOX 238

Country

81 Name

BAGDAD FL 32530-0238

2a. Mailing Address

City & State

Zφ

Suite, Apt. #, etc.

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g. Name and Address of Current Registered Agent

3700 GARCON POINT RD. MILTON FL 32570		82	Stre	Street Address (P.O. Box Number is Not Acceptable)					
		83	33						
		84	0.1		1221				
		04	City	FL	85	Zip C	Otte		
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 pented harne of registered agent and title if applicable (NOTE Registered Agent algebraic equired when reinstating) DATE									
12.		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TILLE	· 1	1.1 TITLE			L Unar	nge	Addition		
NAME		1.2 NAME							
STREET ADDRESS		1.3 STREET	ADDRES	s I					
0:1Y+S1+7iP		1.4 CITY - S	3T - ZIP						
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NAME	112012111 20112 1112	2.2 NAME							
STREET ACORESS		2.3 STREET	ADDRES	s ·					
CITY-S1-ZIP	MILTON FL 32570	2.4 CITY-	ST- 21P						
TITLE	OELETE	3.1 TITLE			Chai	nge	Addition		
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CHTY - ST - 7P		3.4. CITY-	ST-ZIPi	<u> </u>					
TITLE	DELETE	4.1 TITLE			☐ Char	nge	Addition		
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NAME	· • • • • • • • • • • • • • • • • • • •	5.2 NAME							
STREET ADDRESS		5.3 STREET	ADDRES	s					
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THE	☐ DELÉTE	6.1 TITLE			Chai	nge	Addition		
NAME		6.2 NAME							
STREET ADORESS		6.3 STREET	ADDRES	s					
City St-ZiP	·	6.4 CITY-S	ST-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 on an attachment with an address.									