

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:54

DOCUMENT # 506269 (0)

1. Corporation Name

TODD CAMPING ASSOCIATES, INC.

Principal Place of Business

1814 LAUREL OAK DR. N.
ROCKLEDGE FL 32955

Mailing Address

1814 LAUREL OAK DR. N.
ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/30/1976

3a. Date of Last Report
01/20/1994

4. FEI Number
59-1679834

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TODD, MARIE E.
1814 LAUREL OAK DR. N.
ROCKLEDGE FL 32955

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Marie E. Todd

10 January 1995

Signature, typed or printed name of registered agent and date of signature

Signature, typed or printed name of registered agent and date of signature

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1	DP
NAME	TODD, MARIE E.
STREET ADDRESS	1814 LAUREL OAK DR. N.
CITY ST ZIP	ROCKLEDGE FL
12.2	DVS
NAME	TODD, RICHARD W.
STREET ADDRESS	2765 FRIDAY LANE
CITY ST ZIP	COCOA FL
12.3	
NAME	
STREET ADDRESS	
CITY ST ZIP	
12.4	
NAME	
STREET ADDRESS	
CITY ST ZIP	
12.5	
NAME	
STREET ADDRESS	
CITY ST ZIP	
12.6	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13.1	NAME	☐ Change ☐ Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY ST ZIP	
13.5	NAME	☐ Change ☐ Addition
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY ST ZIP	
13.9	NAME	☐ Change ☐ Addition
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY ST ZIP	
13.13	NAME	☐ Change ☐ Addition
13.14	NAME	
13.15	STREET ADDRESS	
13.16	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 110.07(2)(g), 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 person or persons 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:

Richard Todd DVS

1/10/95

(407) 631-6791

Date

Telephone No.