FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **517281** **(2)**

1. Corporation Name

HAPPY TRAVELER CAMPGROUND, INC.

Principal Place of Business	Mailing Address
9401 E. FOWLER AVE THONOTOSASSA FL 33592	9401 E. FOWLER AVE THONOTOSASSA FL 33592

3. Date Incorporated or Qualified: **10/26/1976**

3a. Date of Last Report: **01/26/1995**

4. FEI Number: **59-1689049** ☐ 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 [X] Yes [ ] No intangible tax under s. 199.032, Florida Statutes

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

WOODWARD, BEAVAN
2710 FOUNTAIN BLVD
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name: VICKI L Woodwards
82 Street Address (P.O. Box Number is Not Acceptable): 2710 FOUNTAIN BLVD
83
84 City: TAMPA FL 85 Zip Code: 33609

11. Pursuant to the provisions of Section 607.0505 and 607.1905, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Vicki L. Woodwards VICKI L. Woodwards 4-5-96
(Corporate Officer or Director) (Name) (Date)

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	WOODWARD, VICKI L.	
STREET ADDRESS	2710 FOUNTAIN BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VSD	☐ DELETE
NAME	LUCKIE, JEAN W.	
STREET ADDRESS	9401 E. FOWLER AVENUE	
CITY-ST-ZIP	THONOTOSASSA FL	
TITLE	D	[X] DELETE
NAME	WOODWARD, BEAVAN	
STREET ADDRESS	2710 FOUNTAIN BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	☐ Change ☐ Addition
2 NAME	
3 STREET ADDRESS	
4 CITY-ST-ZIP	
2 TITLE	☐ Change ☐ Addition
2 NAME	
3 STREET ADDRESS	
4 CITY-ST-ZIP	
3 TITLE	☐ Change ☐ Addition
3 NAME	
3 STREET ADDRESS	
3 CITY-ST-ZIP	
4 TITLE	☐ Change ☐ Addition
4 NAME	
4 STREET ADDRESS	
4 CITY-ST-ZIP	
5 TITLE	☐ Change ☐ Addition
5 NAME	
5 STREET ADDRESS	
5 CITY-ST-ZIP	
6 TITLE	☐ Change ☐ Addition
6 NAME	
6 STREET ADDRESS	
6 CITY-ST-ZIP	

CR2E034 (12/95)

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)(i), Florida Statutes. I further certify that the information indicated on this 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 added to this report with an address.

SIGNATURE: Jean W. Luckie 4/8/98 (813) 986-3094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone Number)