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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 555627

FILED Mar 17 1998 8:00am Secretary of State

INN AND OUT R V CAMP PARKS OF FLORIDA, INC. Principal Place of Business Mailing Address P. O. BOX 1445 PO BOX 1445 PO BOX 1445 DO NOT WRITE IN THIS SPACE LAKE CITY FL 32065 LAKE CITY FL 32056-1445 3. Date Incorporated or Qualified 12/19/1977 2. Principal Place of Business . Marion St. 2a. Mailing Address 4. FEI Number Applied For 59-1791933 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be Election Campaign Financing Te. 23 28 Trust Fund Contribution Added to Fees Country Zip 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent **B1** Name WILSON, JAMES Y 2319 INGLEWOOD DR Street Address (P.O. Box Number is Not Acceptable) 82 LAKE CITY FL 32055 83 City 84 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 DILE TITLE WILSON, JAMES Y NAME 1.2 NAME 2319 INGLEWOOD DR STREET ADDRESS 1.3 STREET ADDRESS LAKE CITY, FL 00000 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE WILSON, OLEMA O. NAME 2.2 NAME 2319 INGLEWOOD DR. STREET ADDRESS 2.3 STREET ADDRESS LAKE CITY, FL 00000 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3 1 TITLE WILSON, OLEMA O 3.2 NAME NAME 2319 INGLEWOOD DRIVE STREET ADDRESS 3.3 STREET ADDRESS LAKE CITY, FL 00000 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE WEBER, PENELOPE W NAME 4. 2 NAME 3621 N.W. 30TH PLACE STREET ADDRESS 4.3 STREET ADDRESS **GAINSVILLE FL** CITY-ST-ZIP 4.4 CITY-ST-ZIP ■ DELETE ☐ Change Addition TITLE 5.1 THILE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I 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 employered 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 andress

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