


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

FILED  
Jan 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				
DOCUMENT # 588120 (6) 1. Corporation Name SEMINOLE CAMPGROUND, INC.								
Principal Place of Business 7040 DUNSTANS TOLEDO OH 43617-1311			Mailing Address 7040 DUNSTANS TOLEDO OH 43617-1311					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/02/1978 4. FEI Number 59-1855429 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No				
9. Name and Address of Current Registered Agent GARNER, JAMES F 1833 HENDRY ST FT MYERS FL 33901				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL				
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____								
12. OFFICERS AND DIRECTORS TITLE SD <input type="checkbox"/> DELETE NAME RUSSELL, KAREN A STREET ADDRESS 2566 CASS RD CITY-ST-ZIP TOLEDO OH TITLE PTD <input type="checkbox"/> DELETE NAME RUSSELL, DAVID E STREET ADDRESS 7040 DUNSTANS CITY-ST-ZIP TOLEDO OH TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Whalen, KAREN A. 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE: \_\_\_\_\_

REQUIRED

1/12/98

CR2E034 (10/97)