SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $125 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 AM 9:15

DOCUMENT # 618414 (7)

1. Corporation Name

LEBANON STATION CAMPGROUND, INC.

Principal Place of Business	Mailing Address
US 41 S 4 MILES POD 848 WILLISTON FL 32696 US	US 41 S 4 MILES POD 848 WILLISTON FL 32696 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/23/1979
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business
21: US 41 S 4 miles
Suite, Apt. #, etc.
22: Williston FL
City & State
23:
Zip 24: 32696 Country 25: US

2a. Mailing Address
26: US 41 S 4 miles
Suite, Apt. #, etc.
27: P.O. Box 848
City & State
28: Williston, FL
Zip 29: 32696 Country 30: US

4. FEI Number: 59-1995884 ☐ 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

9. Name and Address of Current Registered Agent

BROOKS, O.B. SR
HWY 41 S. 4 MILES
P.O. BOX 848
WILLISTON FL

10. Name and Address of New Registered Agent

81 Name: Brooks, O.B. Sr.
82 Street Address (P.O. Box Number is Not Acceptable): US Hwy 41 S 4 miles
83: P.O. Box 848
84 City: Williston FL 85 Zip Code: 32696

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: O B Brooth — O.B. Brooks Pres. — 6-6-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	BROOKS, O B	12 NAME		
STREET ADDRESS	PO BOX U N/A	13 STREET ADDRESS		
CITY-ST-ZIP	WILLISTON, FL 00000	14 CITY-ST-ZIP		
TITLE	ST	21 TITLE		☐ Change ☐ Addition
NAME	SCARBOROUGH, TROY	22 NAME		
STREET ADDRESS	US 19 PO BOX 517	23 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 00000	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	VAUSE, JOSEPH	32 NAME		
STREET ADDRESS	RT 4 BOX 660	33 STREET ADDRESS		
CITY-ST-ZIP	WILLISTON, FL 00000	34 CITY-ST-ZIP		
TITLE	VPD	41 TITLE		☐ Change ☐ Addition
NAME	BROOKS, BURKE	42 NAME		
STREET ADDRESS	PO BOX 848 N/A	43 STREET ADDRESS		
CITY-ST-ZIP	WILLISTON, FL 00000	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	GILMAN, RON	52 NAME		
STREET ADDRESS	PO BOX 248	53 STREET ADDRESS		
CITY-ST-ZIP	GULF HAMMICK FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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 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.

SIGNATURE: O B Brooth — O.B. Brooks Pres 6-6-95 — 904-528-6966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000433 CP