

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 618414 (7)

1. Corporation Name
LEBANON STATION CAMPGROUND, INC.

Principal Place of Business

US 41 S 4 MILES
PO BOX 848
WILLISTON FL 32696
US

Mailing Address

US 41 S 4 MILES
PO BOX 848
WILLISTON FL 32696
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1979

4. FEI Number

59-1995884

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BROOKS, O B
STREET ADDRESS PO BOX 848 N/A
CITY-ST-ZIP WILLISTON, FL 00000

TITLE ST ☐ DELETE

NAME SCARBOROUGH, TROY
STREET ADDRESS US 19 PO BOX 517 N/A
CITY-ST-ZIP BROOKSVILLE, FL 00000

TITLE D ☐ DELETE

NAME VAUSE, JOSEPH
STREET ADDRESS RT 4 BOX 660 N/A
CITY-ST-ZIP WILLISTON, FL 00000

TITLE VPO ☐ DELETE

NAME BROOKS, BURKE
STREET ADDRESS PO BOX 848 N/A
CITY-ST-ZIP WILLISTON, FL 00000

TITLE D ☐ DELETE

NAME GILMAN, RON
STREET ADDRESS PO BOX 248 N/A
CITY-ST-ZIP GULF HAMMICK FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

900002620609

-08/20/98--01013--046

***1100.00

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0009940

CR2E034 (5/98)

FILED
Sep 11 1998 8:00am
Secretary of State

