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Apr 15, 1999 8:00 am  
Secretary of State

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 674924

1. Corporation Name  
JEFFERSON CAMPGROUND, INC.

Principal Place of Business  
14584 66TH STREET NORTH  
CLEARWATER FL 34624-7205

Mailing Address  
14584 66TH STREET NORTH  
CLEARWATER FL 34624-7205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1980

4. FEI Number  
59-2047707

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 150 Rue Des Chateaux  
Suite, Apt. #, etc.

22 City & State  
TARPON SPRINGS, FL.

23 Zip  
34689

24 Country  
PINELLAS.

2a. Mailing Address

26 150 Rue Des Chateaux  
Suite, Apt. #, etc.

27 City & State  
TARPON SPRINGS, FL.

28 Zip  
34689

29 Country  
PINELLAS.

9. Name and Address of Current Registered Agent

O'CONNOR, PATRICK M.  
18167 US 19 NORTH  
HARBOURSIDE SUITE 461  
CLEARWATER FL 34624

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  
NAME COLE, STANLEY W, JR  
STREET ADDRESS 5911 APPLECROSS ST N  
CITY-ST-ZIP ST-PETERSBURG, FL-33709 ☒ DELETE

TITLE V  
NAME COLE, STANLEY W, SR  
STREET ADDRESS 2333 HAWTHORNE DR  
CITY-ST-ZIP CLEARWATER, FL 33515 ☐ DELETE

TITLE T  
NAME COLE, ELLEN J  
STREET ADDRESS 5911 APPLECROSS ST, N  
CITY-ST-ZIP ST PETERSBURG, FL 33709 ☒ DELETE

TITLE President  
NAME COLE, STANLEY W. JR.  
STREET ADDRESS 150 Rue Des Chateaux  
CITY-ST-ZIP TARPON SPRINGS, FL. 34689 ☐ DELETE

TITLE Secretary-Treasurer  
NAME Cole, ELLEN J.  
STREET ADDRESS 150 Rue Des Chateaux  
CITY-ST-ZIP TARPON SPRINGS FL. 34689 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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

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 attached list, with all officers, directors, and persons empowered.

SIGNATURE:

Stanley W. Cole, Jr. President

Date

Daytime Phone #

04/12/99 227-937-8589

CR2E034 (11/98)