

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 24 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H34554 (6)  
1. Corporation Name  
SHERWOOD FOREST TRAVEL TRAILER PARK, INC.

Principal Place of Business  
251 U.S. ALT. 19 NORTH  
PALM HARBOR FL 34883

Mailing Address:  
251 U.S. ALT. 19 NORTH  
PALM HARBOR FL 34883

DO NOT WRITE IN THIS SPACE:

|                                                                                                                                                                |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>12/18/1984                                                                                                                | 3a. Date of Last Report<br>04/20/1994 |
| 4. FEI Number<br>59-2473553                                                                                                                                    | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                   | \$8.75 Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                          | \$5.00 May Be<br>Added to Fees        |
| 6. This corporation has liability for intangible tax under S. 199.032,<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|                                                                                                     |                                                                                          |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent

CALHOUN, KATHY  
265 ALT. 19 N.  
PALM HARBOR FL 33583

10. Name and Address of New Registered Agent

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | FL          |

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 fee if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|--------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | DS                       | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SNYDER, SHIRLEY A.       | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 4731 FORREST MANOR DRIVE | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | WINSTON SALEM NC         | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | VP                       | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SNYDER, SHIRLEY A.       | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 4731 FORREST MANOR DR    | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | WINSTON SALEM NC         | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | DPT                      | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CALHOUN, KATHY           | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 265 ALT. 19 N.           | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | PALM HARBOR FL           | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                          | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                          | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                          | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                          | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                          | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                          | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                          | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                          | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                          | 6.4 CITY - ST - ZIP                                   |                                                                   |

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)(4), 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:

*Kathy M. Calhoun*  
KATHY M. CALHOUN

Signature and typed or printed name of signing officer or director

1/25/95 (813)  
784-4582  
Date Daytime Filing #