


*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).

FILED
Jul 10 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 # H34554 (6) 1. Corporation Name SHERWOOD FOREST TRAVEL TRAILER PARK, INC.		
Principal Place of Business 251 U.S. ALT. 19 NORTH PALM HARBOR FL 34683	Mailing Address 251 U.S. ALT. 19 NORTH PALM HARBOR FL 34683	



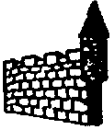
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/18/1984	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2473553		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip	28 Zip	Country		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	
24	25	29	30	9. Name and Address of Current Registered Agent CALHOUN, KATHY 265 ALT. 19 N. PALM HARBOR FL 33563	
				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	DPT	<input type="checkbox"/> DELETE			
NAME	CALHOUN, KATHY				
STREET ADDRESS	265 ALT. 19 N.				
CITY-ST-ZIP	PALM HARBOR FL				
TITLE	DS	<input type="checkbox"/> DELETE			
NAME	CALHOUN, DONALD M				
STREET ADDRESS	251 U.S. ALT. 19 NORTH				
CITY-ST-ZIP	PALM HARBOR FL 34683				
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 type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
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					
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 on an attachment with an address.					

100002586011
-07/13/98--01019--022
***150.00

CR2E034 (5/98)



**Sherwood
Forest**

R V RESORT

251 U.S. ALT. 19 & STATE ROAD 584 • PALM HARBOR, FLORIDA 34683 • PHONE 813/784-4582

7/1/98

Department of State
Annual Report Filings
Division of Corporations
P. O. box 1500
Tallahassee, Fl. 32303-1500

Re: Annual Reports for the following corporation:
Sherwood Forest Travel Trailer Park, Inc.

Dear Sir/Madam:

I received a notice and form for the above named corporation this date stating that the corporation had overdue reports and that we owed \$550.00. Please note that we have never received any report forms or any other notices before this date for 1998. I don't think this is fair to have to pay \$550.00 for the corporation when apparently they were never mailed out or got lost along the way.

Please advise me in this regard. I will look forward to your prompt response. I have tried to call you all day, but the lines are continually busy.

Sincerely,

Kate M. Calhoun
Corporate Officer.