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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H34554**

SHERWOOD FOREST TRAVEL TRAILER PARK, INC.

Principal Place of Business 251 U.S. ALT. 19 NORTH

Mailing Address

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90054 002 ***150.00



PALM HARBOR FL 34683		251 U.S. ALT. 19 NORTH PALM HARBOR FL 34683				A SAME AND A SAME AND A SAME AS A SAME AND A			
					DO NOT	WRITE IN THIS S	SPACE		
3 0					Date Incorporated or Qual	lifed			
	al Place of Business	2a. Mailing Address			12/18/1984				
21		26			4. FEI Number			Applied For	
1 1	Apt. #, etc.	Suite, Apt. #, etc.			<u>59-247355</u> 3		H	Not Applicable	
22 City & S	N	27			5. Certifcate of Status Desired	. 5	\$8.7	5 Additional	
	state	City & State		<u> </u>			Fee	Required	
Zip		28			Election Campaign Financia	ng		00 May Be	
24 Zip	Country	Zip	Count		Trust Fund Contribution	L.J	Adda	May Be ed to Fees	
24	25	29	30	у	8. This corporation owes the c	current year Intan	aible	50 15 1 668	
	9. Name and Address of Curre	ent Registered Agent	<u> 30 </u>		reisunal Property Tax.	Г	7 ٧~~	□No	
CA	ALHOUN, KATHY		8	Name	10. Name and Address of Nev	w Registered Ag	ent		
26	S ALT 10 AL		1	Hame					
265 ALT. 19 N. PALM HARBOR FL 33563				Address (P.O. Box Number is Not Acceptable)					
			83						
			84	City					
11. Pursuan	nt to the provisions of Sections 607 050	10 - 100	J -	1,	orporation submits this statement for the ation's board of directors. I hereby acc	F-1 8	35 Zig	Code	
office or	registered agent, or both, in the State	of Florida, Such change was	es, the above	-named c	orporation submits this statement for the action's board of directors. I hereby according	<u></u>	'	_	
CICMATUR	and accept the obliga	tions of, Section 607.0505, Flo	umorized by rida Statutes	the corpor	ation's board of directors. I hereby according	e purpose of cha	nging it	s registered	
SIGNATURE	<u>.</u>		_			· · · · · · · · · · · · · · · · · · ·	211t G3 1	egistered	
12.	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Agen	signature req	uired when reinstating)				
12. TILE	OFFICERS AN	ID DIRECTORS	Registered Agen	signature req	uired when reinstating)	DATE			
	DPT OFFICERS AN	nt and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Agen 13. 1.1 TITLE	signature req	uired when reinstating) ADDITIONS/CHANGES TO O	FFICERS AND D		ORS IN 12	
ITLE	DPT CALHOUN, KATHY	ID DIRECTORS	13	signature req		FFICERS AND D	IRECTO	ORS IN 12	
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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 attackment with an address, with all other like empowered.

727 784-4582