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Apr 13, 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 # H55281		
1. Corporation Name FLORIDA BOARD CAMPING ASSOCIATION, INC.		



Principal Place of Business % CLARENCE R. LARDIE 131 SW 70TH STREET OCALA FL 34476 US	Mailing Address % CLARENCE R. LARDIE 131 SW 70TH STREET OCALA FL 34476 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/30/1985	
4. FEI Number 59-2571917		Applied For <input type="checkbox"/> Not Applicable		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		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent LARDIE, CLARENCE R. DOROTHY J. Treasurer 131 SW 70TH STREET OCALA FL 32676 34476				10. Name and Address of New Registered Agent 81 Name DOROTHY J. Lardie 82 Street Address (P.O. Box Number is Not Acceptable) 131 SW 70 St. 83 84 City Ocala FL 85 Zip Code 34476			
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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 *Dorothy J. Lardie* **Dorothy J. Lardie** **4/8/99**
 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE NAME MERZ, CARL STREET ADDRESS 3500 SW 51ST AVE CITY-ST-ZIP FT LAUDERDALE FL	1.1 TITLE Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Donald Plouf 1.3 STREET ADDRESS 229 Sandy Circle 1.4 CITY-ST-ZIP S. Daytona, FL 32019	TITLE T <input type="checkbox"/> DELETE NAME LARDIE, DOROTHY J. STREET ADDRESS 131 SW 70TH STREET CITY-ST-ZIP OCALA FL	2.1 TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Virginia Cummins 2.3 STREET ADDRESS 27 Coves End Drive 2.4 CITY-ST-ZIP Ft. Myers FL 33908
TITLE S <input type="checkbox"/> DELETE NAME HARRIS, JUDITH STREET ADDRESS 3846 MALEC CIRCLE CITY-ST-ZIP SARASOTA FL	3.1 TITLE Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME Robert LaBossiere 3.3 STREET ADDRESS 187 25th St 3.4 CITY-ST-ZIP Okeechobee, FL 34974	TITLE PRESIDENT <input type="checkbox"/> DELETE NAME CUMMINS, VIRGINIA STREET ADDRESS 5895 SWAYING PALM DR. CITY-ST-ZIP PUNTA GORDA FL	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE D <input type="checkbox"/> DELETE NAME ROBERT LABORSSIERE STREET ADDRESS 2190 PEPPER RD. CITY-ST-ZIP W. PALM BCH. FL	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dorothy J. Lardie* **DOROTHY J. LARDIE** **4/8/99** **352-237-2062**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2EN34 (4/1/98)