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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J45991

(3)

JIM'S RV PARK, INC.

FILED Jan 14 1997 8:00am Secretary of State



| Dringing Dr- | ace of Business | Mail per Address | | | | | | AN EIRIN EID | |
|--|---|---|--|--|--|---|-----------------|----------------------|--|
| - | | Mailing Address 35120 STATE HWY, 5 | S.A | | | | •.•. | | |
| 35120 STATI ZEPHYRHILL | S FL 33541-1400 | ZEPHYRHILLS FL 335 | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 12/03/1986 | | e of Last f | Report |
| 2. Principal Place of Business | | 2a. Mailing Address | 2a. Mailing Address | | | 4. FEI Number | Applied For | | |
| 1] | | 26 | | | | 59-2746428 | | N | ot Applicable |
| Suite, Ap 2 | it.#, etc | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | , | Additional equired |
| City & St. | ate | City & State | | | | Election Campaign Financing Trust Fund Contribution | | | May Be to Fees |
| Zip | Country | Zip | Coi | untry | | 8. This corporation has liability for i | | - | s. 199.032, |
| 4 | 25 | 29 | 30 | , | | | | No | , |
| | 9. Name and Address of Cu | rrent Registered Agent | | 1241 11 | | 10. Name and Address of New Re | gistered A | gent | |
| | OMANO, GLORIA C. | | | 81 N | ame | | | | |
| | 110 GULF VIEW BOULEVARD | | 82 5 | | reet Addr | Address (P.O. Box Number is Not Acceptable) | | | |
| | 900 U.S. HWY. 27 | | | 83 | | | | | · |
| D | UNEDIN FL 34698 | | | 63 | | | | | |
| | | | | B4 C | ty | | FL | 85 Zip | Code |
| | | 25.00 | | ļL | | oration submits this statement for the pion's board of directors. I hereby accept | | <u> </u> | |
| GINATURE | | | | | | | | | |
| 2. | Signature, typed or printed name of registerior OFFICERS | | | ad Agent sig | nature requir | ed when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE ERS AND | DIRECTO | RS IN 12 |
| | OFFICERS | d agent and title if applicable AND DIRECTORS DELETE | 13. | | nature require | ed when reinslating) ADDITIONS/CHANGES TO OFFIC | | DIRECTO | |
| TITLE | OFFICERS PD | AND DIRECTORS | 13. | | nature requin | | | | |
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4. I do 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 frustee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97

1-813-782-5610