FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000038752 (0)

CAMPGROUNDS UNLIMITED, INC.

Principal Place of Business

Mailing Address

1801 MONASTERY RD ORANGE CITY FL 32763

1801 MONASTERY RD ORANGE CITY FL 32783-832 FILED
May 16 1997 8:00am
Secretary of State



| ORANGE CITY FL 32763 | | ORANGE CITY FL 32783-6320 | | | |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| 2. Principal | Place of Business | | | 3. Date Incorporated or Qualified 05/27/1993 | 3a. Date of Last Report 05/01/1996 |
| | W.Wisconson Ave. | 2a. Mailing Address | | 4. FEI Number | Applied For |
| Suite, Apt | | 26 2000:Wisco Suite, Apt. #, etc. | nsin Avc | 59-3197824 | Not Applicable |
| 22 | | 27 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 Dela: | nd, Florida Country | City & State 28 Deland, F/ | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 327 | | 29 32720 | 30 Volusia | | ntangible tax under s. 199,032, |
| | OK, EUGENE R | negistered Agent | 81 Name | 10. Name and Address of New Re | glatered Agent |
| 180 | 11 MONASTERY RD ANGE CITY FL 32763 | | 82 Street 2.00 | Address (P.O. Box Number is Not Acceptab B.W. Wis Consin Ava | le) |
| 11 Purcupot | to the equipies of Castian Control | | 84 Oel | and | FL 85 Zip Code 32720 |
| office or a agent. La | to the provisions of Sections 607,0502 registered agent, or both, in the State oam familiar with, and accept the obligati | and 607,1508, Florida Statute f Florida: Such change was a ons of Section 607,0505, Flo | is, the above-named uthorized by the corp ride Statutos | O.n.d. corporation submits this statement for the pi poration's board of directors. I hereby accep | rpose of changing its registered the appointment as registered |
| SIGNATURE | Signature: typed or printed name of registered agent | | oracios. | | |
| 12. | OFFICERS AND | | Registered Agent signature | | DATE |
| TITLE | D | DELETE | 13. | ADDITIONS/CHANGES TO OFFICE | |
| NAME | COOK, EUGENE R | | 1.2 NAME | | ☐ Change ☐ Addition |
| STREET ADDRESS | 1801 MONASTERY RD | | 1.3 STREET ADDRESS | 200 Wiwisconsin Av | e . |
| CITY - ST - ZIP TITLE | ORANGE CITY FL 32763 | Driese | 1.4 CITY-SY-ZIP | Deland, F1. 32720 | |
| NAME | COOK, NORMA K | ☐ DELETE | 2.3 IIILE | | Change Addition |
| STREET ADDRESS | 1801 MONASTERY RD | | 2.2 NAME | 200 w.wiscmsinAve | , |
| CITY - ST - ZIP | ORANGE CITY FL 32763 | | 2.3 STREET ADDRESS | Deland, F1. 32720 | |
| TITLE | OTHER CITY PL 32/83 | Dura | 2.4 CITY-ST-ZIP | 2014KG, P1. 32/20 | |
| NAME | | L DELETE | 3.1 TITLE | \mathcal{D}_{i} | Change Addition |
| STREET ADDRESS | | | | Gerard J. Ferrara | |
| CITY - SI - ZIP | | | | 2865 Whitehurst Road | |
| THE | | DELETE | | Deland, F1. 32723 | |
| NAME | | C percir | 4.1 TITLE | P | Change 🔀 Addition |
| STREET ADDRESS | | | 4 2 NAME | George Lilly | |
| CITY-ST-ZIP | | | | 1428 Oak High Court | 4013 |
| TITLE | | DELETE | | orange city Florida 3. | |
| NAME | | L beteit | 5.1 TITLE | • | Change Addition |
| STREET ADDRESS | | | 5.2 NAME | | |
| OTY - ST - ZIP | | | 5.3 STREET ADDRESS | | |
| TILE | | DELETE | 5.4 City-ST-ZiP 6.1 Title | | |
| NAME | | hand truckly | | | ☐ Change ☐ Addition |
| STREET ADDRESS | | | 62 NAME | | |
| CITY-ST-ZIP | | | 6.3 STREET ADDRESS | | |
| | y certify that the information supplied w | ith this filing does not guality | 6.4 CiTY+ST-ZiP | ated in Section 119.07(3)(i), Florida Statutes. | |

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNAPORE AND TYPED OR PRINTED NAME OF BIONING OFFICER OF DIRECTOR

4/28/97 704-693-4018