

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000046389 (1)

1. Corporation Name

DAYTONA BEACH CAMPGROUND, INC.



Principal Place of Business

Mailing Address

6147 RIDGEWOOD AVENUE
SUITE 39
PORT ORANGE FL 32127

6147 RIDGEWOOD AVENUE
SUITE 39
PORT ORANGE FL 32127

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30 9. Name and Address of Current Registered Agent

GRAY, HAROLD R.
6147 RIDGEWOOD AVENUE
SUITE 39
PORT ORANGE FL 32127

3. Date Incorporated or Qualified
07/01/1993

3a. Date of Last Report
02/06/1995

4. FEI Number
59-3197116

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

(Signature required for principal, financial officer, registered agent, and board of directors)

(NOTE: Registered Agent Signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PD
GRAY, HAROLD R
6147 RIDGEWOOD AVENUE, SUITE 39
PORT ORANGE FL 32127

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TD
GRAY, STEVEN R
6147 RIDGEWOOD AVENUE, SUITE 39
PORT ORANGE FL 32127

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
SD
GRAY, KATHERINE T
6147 RIDGEWOOD AVENUE, SUITE 39
PORT ORANGE FL 32127

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VD
KINNEY, VICTORIA G
6147 RIDGEWOOD AVENUE, SUITE 39
PORT ORANGE FL 32127

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VD
GRAY, JEANNIE A
6147 RIDGEWOOD AVENUE, SUITE 39
PORT ORANGE FL 32127

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VD
GRAY, JEANNIE A
6147 RIDGEWOOD AVENUE, SUITE 39
PORT ORANGE FL 32127

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Harold R. Gray* HAROLD R. GRAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/96

Date

904-781-2365

Daytime Phone #

CR2E034 (12/95)