FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000066669 (0)**

1. Corporation Name

FIJIAN R.V. PARK, INC.

Principal Place of Business

6500 SOUTH HIGHWAY 441
OKEECHOBEE FL 34974

Mailing Address

6500 SOUTH HIGHWAY 441
OKEECHOBEE FL 34974

3. Date Incorporated or Qualified: **09/06/1994**

3a. Date of Last Report: **03/21/1995**

4. FEI Number: **65-0525932** ☐ 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. XX Yes ☐ No

2. Principal Place of Business
21
Street Address
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Street Address
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

SHIVER, MICHAEL W
200 N.W. AVENUE L
BELLE GLADE FL 33430

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 607.0502 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 (Required if this is a change) (Required if this is a change) DATE

12. OFFICERS AND DIRECTORS

* TITLE	D	☐ DELETE
NAME	MACE, ROBERT L	
STREET ADDRESS	11139 ISLE BROOK COURT	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
* TITLE	D	☐ DELETE
NAME	MIKOVSKY, GLENDA T	
STREET ADDRESS	2369 S.W. 21ST STREET	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
* TITLE	D	☐ DELETE
NAME	SHIVER, MICHAEL W	
STREET ADDRESS	200 N.W. AVENUE L	
CITY-ST-ZIP	OKEECHOBEE FL 33430	
* TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
* TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
* TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 * TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 * TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 * TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 * TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 * TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 * TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I hereby certify that the information supplied with this report is true, voluntarily furnished and 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 attached sheet, with an address.

SIGNATURE: Glenda Mikovsky Glenda T. Mikovsky 1-15-96 (941) 763-6200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #