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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P950000	18562
	1 00000	,

1. Corporation Name

HAPPY DAYS R.V. PARK, INC.

Principal Place of Business Mailing Address									
4830 W KENNEDY BLVD				DO NOT WRITE IN THIS SPACE					
US		US				3. Date incorporated or Qualifed 03/08/1995			
2. Princip	pal Place of Business	2a. Mailing Ad	dress			4. FEI Number			Applied For
21		26				59-33607 <u>64</u>			Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired		•	5 Additional Required	
City &	State	City & Sta	le			6. Election Campaign Financing		\$5.0	0 _May.Be
23		28				Trust Fund Contribution		Adde	ed to Fees
Zip	Country 25	Zip 29	30	untry		This corporation owes the curre Personal Property Tax.	-	ngible □ Yes	X]No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
MELENDI, JOSEPH E 408 E. MADISON ST. TAMPA FL 33602			81 82 83	82 Street Address (P.O. Box Number is Not Acceptable)					

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

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City

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of registered agent and title if ap	plicable. (NOTE: R	egistered Agent signature n	equired when reinsta	ing)		DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO O			ICERS AND DIRECTOR	RS IN 12	
TITLE	PST	☐ DELETE	1.1 TITLE				X Change	Addition	
NAME	weis, stephen n		1.2 NAME						
STREET ADDRESS	4830 W KENNEDY BLVD STE 350	~	1.3 STREET ADDRESS					Ì	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Tampa	$_{ m FL}$	33609			
TITLE		☐ DELETE	2.1 ΠΤLE				Change	☐ Addition	
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRESS					İ	
CITY-ST-ZIP			2.4 CITY-ST-ZIP						
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NAME			3.2 NAME			•		l	
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CITY-ST-ZIP			3.4. CITY-ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP	L		4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition	
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STREET ADDRESS	,		5.3 STREET ADDRESS					l	
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE			4	☐ Change	☐ Addition	
NAME			6.2 NAME					ļ	
STREET ADDRESS			6.3 STREET ADDRESS					}	
CITY, ST. ZIP			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 receiper 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 chapted, or in an adaptment with an address, with all other like empowered.

SIGNATURE

813-286-4069

Zip Code

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