


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

APPROVED AND FILED *pg 1 of 2*

1997 MAY -8 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |  |
|--|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> | <br>FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|--|

DOCUMENT # P95000042777  
1. Corporation Name

TURTLE CREEK CAMPGROUND, INC.

|  |  |
|--|--|
| Principal Place of Business<br>10200 W. FISHBOWL DR.<br>HOMOSASSA SPRINGS, FL. 34448 | Mailing Address<br>P. O. BOX 4079<br>HOMOSASSA SPRINGS, FL. 34447-4079 |
|--|--|

PLEASE NOTE: DIFFERENCE IN ABOVE ADDRESSES

|   |   |   |   |                             |                               |
|---|---|---|---|-----------------------------|-------------------------------|
| 2. Principal Place of Business<br>21. State, Apt. #, etc.<br>22. City & State<br>23. Zip<br>24. Country | 2a. Mailing Address<br>25. P. O. BOX 4079<br>26. Suite, Apt. #, etc.<br>27. City & State<br>28. HOMOSASSA SPRINGS, FL.<br>29. Zip 34447<br>30. Country citrus | 3. Date Incorporated or Qualified<br>5/26/95  | 3a. Date of Last Report<br>-0-                          | 4. FEI Number<br>59-3342857 | Applied For<br>Not Applicable |
|   |   | 5. Certificate of Status Desired  | <input type="checkbox"/> \$8.75 Additional Fee Required |                             |                               |
|   |   | 6. Election Campaign Financing<br>Trust Fund Contribution   | <input type="checkbox"/> \$5.00 May Be Added to Fees    |                             |                               |
|   |   | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |                             |                               |

9. Name and Address of Current Registered Agent

BARBARA AGER  
793 OAKLAND ROAD  
ALTAMONTE SPRINGS, FL. 32701

10. Name and Address of New Registered Agent

|                              |   |                            |   |
|------------------------------|---|----------------------------|---|
| 81. Name<br>LINDA L. RADLOFF | 82. Street Address (P.O. Box Number is Not Acceptable)<br>10200 W. FISHBOWL DRIVE | 83. City<br>P. O. BOX 4079 | 84. Zip Code<br>HOMOSASSA SPRINGS, FL 34447 |
|------------------------------|---|----------------------------|---|

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: LINDA L. RADLOFF, SECRETARY/TREASURER *Linda L. Radloff* 5/6/97  
(Signature typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when resigning)

|   |                                 |  |   |
|---|---------------------------------|--|---|
| 12. OFFICERS AND DIRECTORS  |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>10137 W. FISHBOWL DRIVE<br>HOMOSASSA, FL. 34448  | <input type="checkbox"/> DELETE | 11. TITLE<br>12. NAME<br>13. STREET ADDRESS<br>14. CITY-STATE-ZIP<br>400002180344--8<br>-05/15/97--01103--012<br>****365.00 ****365.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>49TH street<br>MARATHON, FL. 33050-1131  | <input type="checkbox"/> DELETE | 21. TITLE<br>22. NAME<br>23. STREET ADDRESS<br>24. CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>SECRETARY-TREAS-REG. AGT.<br>LINDA L. RADLOFF<br>10137 W. FISHBOWL DRIVE<br>HOMOSASSA, FL. 34448 | <input type="checkbox"/> DELETE | 31. TITLE<br>32. NAME<br>33. STREET ADDRESS<br>34. CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| PLEASE NOTE: OUR PHYSICAL ADDRESS IS FOR DELIVERIES ONLY. HAS NO MAIL BOX<br>HOMOSASSA ZIP CODE: 34448 HOMOSASSA SPRINGS ZIP: 34447                   |                                 | 41. TITLE<br>42. NAME<br>43. STREET ADDRESS<br>44. CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE   |                                 | 51. TITLE<br>52. NAME<br>53. STREET ADDRESS<br>54. CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE   |                                 | 61. TITLE<br>62. NAME<br>63. STREET ADDRESS<br>64. CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. 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 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: LINDA L. RADLOFF *Linda L. Radloff* 5/7/97 352-628-5243  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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DOCUMENT # P9500004277 TURTLE CREEK CAMPGROUND, INC.

APRIL 29TH, 1997

TO WHOM IT MAY CONCERN: DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P. O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

ATTACHED PLEASE FIND OUR ANNUAL REPORT AND CHECK IN THE AMOUNT  
OF \$365.00 TO REINSTATE TURTLE CREEK CAMPGROUND, INC.

PLEASE NOTE OUR CORRECT MAILING ADDRESS:

TURTLE CREEK CAMPGROUND, INC.  
P. O. BOX 4079  
HOMOSASSA SPRINGS, FL. 32701.

WE RESPECTFULLY REQUEST REINSTATEMENT AS WE DID NOT RECEIVE ONE  
NOTICE. CHECKING WITH YOUR OFFICE I FOUND OUT THE NOTICES WERE  
SENT TO OUR PHYSICAL ADDRESS. WE DO NOT EVER RECEIVE MAIL OR  
HAVE A MAILBOX AT OUR PHYSICAL ADDRESS.

PLEASE ADVISE OF YOUR DECISION AT YOUR EARLIEST CONVENIENCE.

YOURS TRULY,

TURTLE CREEK CAMPGROUND, INC.



LINDA L. RADLOFF

SECRETARY

CC: FILE

ENCLOSURE: Annual report  
Check \$365.00

Rec'd reinstatement & Corp Annual Report 5/6/97