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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 1. Córporation Name P96000064274 (9)

HIGHLAND PARK FISH CAMP, INC.

FILED May 13 1997 8:00am Secretary of State



Principal Place of Business 2640 WEST HIGHLAND PARK ROAD DELAND FL 32720 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23	Mailing Address 2640 WEST HIGHLAND PARK ROAD DELAND FL 32720-3817 2a. Mailing Address 26 Suite. Apt. #, etc. 27 City & State				3. Date Incorporated or Qualified 08/01/1996 4. FEI Number 50_4489048 69 - 34 2505 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		
Zip Country 24 25	Zip 29	30 Cou	ntry		8. This corporation has liability for intan Florida Statutes	gible tax under s s	. 199.032,
9. Name and Address of Current R	Registered Agent				10. Name and Address of New Registe	ered Agent	
TEAL, MICHAEL S			81	Name	· · · · · · · · · · · · · · · · · · ·		
114 WEST RICH AVENUE DELAND FL 32720			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
			83	. —			
	_		В4	City	<u> </u>	FL 85 Zip	Code
SIGNATURE // // // // // // // // // // // // //	and life if applicable (NOT	TE flegistered	d Age		oration submits this statement for the purpo- ion's board of directors. I hereby accept the d 1 d 2 ed when reinsleting) D ADDITIONS/CHANGES TO OFFICERS	ATE AND DIRECTOR	RS IN 12
TITLE D	LII] DELETE	1.1 T(TLE			Change	Addition
NAME RAWLINS, RICHARD E		1.2 N/					
STREET ADDRESS 2640 WEST HIGHLAND PARK RO	OAD	1.3 \$1	TREET	ADDRESS			
CITY-ST-ZIF DELAND FL 32720		1.4 CI		T-ZIP		[] Obs	8.4450
JULE D	☐ DELETE	2.1 Tř		-		Change	Addition
NAME RAWLINS, RONALD L	^	2.2 N					,
STREET ADDRESS 2640 WEST HIGHLAND PARK RO	OAD			ADDRESS			
GUY-ST-ZIP DELAND FL 32720	DELETE	2. 4 C		51 - ZIP		Change	Addition
NAME	Las precit	3.2 N/				Lad Strongs	
STREET ADDRESS		•		ADDRESS			
CITY-\$1-2IP		3.4. C	.,				:
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NAME		4. 2 N	IAME				
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NAME		5.2 N	AME				
STREET ADDRESS		5.3 ST	TAEET	ADDRESS			
CHY-ST-ZIP		5.4 C	ITY-S	T-ZIP			
TITLE	☐ DELETE	61 TI	TLE			Change	Addition
NAME				- 1			
1		62 N					
STREET APDRESS				ADDRESS			

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 corplication or the receiver or trustee emptywered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 if changed, or on an attachment with an address.

SIGNATURE: