

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

FILED
Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000088085 (1)

1. Corporation Name
WESTWOOD CAMPING CENTER, INC.



Principal Place of Business
~~2015 FILLY RD~~
~~CANTONMENT FL 32533~~

Mailing Address
~~2015 FILLY RD~~
~~CANTONMENT FL 32533-7520~~

3. Date Incorporated or Qualified 10/24/1996	3a. Date of Last Report 0
4. FEI Number 59-3410523	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

21. **10880 Lillian Hwy**
Street, Apt. #, etc.

22. **Escambia**
County

23. **Pensacola, Florida**
City & State

24. **32506** 25. **Escambia**
Zip Country

2a. Mailing Address

26. **10880 Lillian Hwy**
Street, Apt. #, etc.

27. **Escambia**
County

28. **Pensacola, Florida**
City & State

29. **32506** 30. **Escambia**
Zip Country

9. Name and Address of Current Registered Agent

FRANKLIN, JAMES W
2015 FILLY RD
CANTONMENT FL 32533

10. Name and Address of New Registered Agent

B1 Name **FRANKLIN, James W.**

B2 Street Address (P.O. Box Number is Not Acceptable)
10880 Lillian Hwy

B3

B4 City **Pensacola** FL B5 Zip Code **32504**

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 to the above-captioned 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 hereby formally with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *James W Franklin*

(NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

1001	<input type="checkbox"/> DELETE	D
1002		FRANKLIN, JAMES W
1003		2015 FILLY RD
1004		CANTONMENT FL 32533
1005	<input type="checkbox"/> DELETE	
1006		
1007	<input type="checkbox"/> DELETE	
1008		
1009	<input type="checkbox"/> DELETE	
1010		
1011	<input type="checkbox"/> DELETE	
1012		
1013	<input type="checkbox"/> DELETE	
1014		
1015	<input type="checkbox"/> DELETE	
1016		
1017	<input type="checkbox"/> DELETE	
1018		
1019	<input type="checkbox"/> DELETE	
1020		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

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 included 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 or changed or on an attachment with an address.

SIGNATURE: *James W Franklin*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/97 **904 453-8976**
 DATE PHONE

CR2E034 (9/96)