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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000088085 (1)

WESTWOOD CAMPING CENTER, INC.

Principal Place of Business Mailing Address 10880 LILLIAN HWY 10000 LILLIAN HWY PENSACOLA FL 32506 PENSACOLA FL 32506

FILED Feb 10 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3410523 10880 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State & State 6. Election Campaign Financing \$5.00 May Be 23 ENSACOL Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 506 US Personal Property Tax due June 30. Yes 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FRANKLIN, JAMES W Name 10880 LILLIAN HWY Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32506 83 84 City 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 Signature, typed or printed name of requirered agent and life if apply able (NOTE Registered Agent aignature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1 1 TITLE FRANKLIN, JAMES W NAME 1.2 NAME 2015 FILLY RD STREET ADDRESS 1.3 STREET ADDRESS **CANTONMENT FL 32533** CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change TITLE 21 TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELFTE TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP ☐ Addition DELETE Change 61 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 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 suppliemental 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:

1/16/98