FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 4:01

DOCUMENT # **S06478** **(9)**

1. Corporation Name
KISSIMMEE CAMPGROUNDS AND MOBILE HOME PARK, INC.

Principal Place of Business	Mailing Address
2643 ALLIGATOR LANE KISSIMMEE FL 34746-2715	2643 ALLIGATOR LANE KISSIMMEE FL 34746-2715

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/15/1990**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-3035862** ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

SMYTHE, DAVID B.
2643 ALLIGATOR LANE
KISSIMMEE FL 34746

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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: David B. Smythe — DATE: 4-10-95
(Signature of agent or printed name of registered agent and the capacity) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SMYTHE, DAVID B.	12 NAME	
STREET ADDRESS	2643 ALLIGATOR LANE	13 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	14 CITY-ST-ZIP	
TITLE	VTS	21 TITLE	☐ Change ☐ Addition
NAME	SMYTHE, CLAUDIA R.	22 NAME	
STREET ADDRESS	2643 ALLIGATOR LANE	23 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SMYTHE, CLAUDIA, R	32 NAME	
STREET ADDRESS	2643 ALLIGATOR LANE	33 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Claudia Smythe — April 7, 1995 — 407-396-6851
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Claudia Smythe

05Y06434 CP