

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S37131** (7)

1. Corporation Name

GOOD OLE DAZE CAMPGROUND INC.



Principal Place of Business

Mailing Address

9950 KOA RD
ST. AUGUSTINE FL 32095
US

~~XXXXXXXXXXXX~~
~~XXXXXXXXXXXX~~
~~XXXXXXXXXXXX~~

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26 9950 KOA Road

27 Suite, Apt. #, etc.

27

City & State

28

St. Augustine, FL

29

Zip 32095

Country

30

U.S.A.

3. Date Incorporated or Qualified

03/12/1991

3a. Date of Last Report

03/28/1995

4. FEI Number

59-3057723

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

~~KING, DAVID K X~~
~~ATTORNEY AT LAW~~
~~140 KINGSLEY AVE~~
~~BRANKE PARK FL 32073~~

81 Name

Elbert J. Vincent

82

Street Address (P.O. Box Number is Not Acceptable)

83

9950 KOA Road

84

City

St. Augustine

FL

85 Zip Code

32095

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

Elbert J. Vincent

(NOTE: Registered Agent Signature required when registering)

DATE

3/31/96

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

D

VINCENT, ELBERT J.

NAME

9950 KOA RD.

STREET ADDRESS

CITY - ST - ZIP

ST. AUGUSTINE FL

☐ DELETE

TITLE

D

VINCENT, CAROLYN J.

NAME

9950 KOA RD.

STREET ADDRESS

CITY - ST - ZIP

ST. AUGUSTINE FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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: *S. B. Mortham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/96 (804) 824-8309
DATE Day/Mo/Year Phone #

CR2E034 (12/95)