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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # V08108

1. Corporation Name: ALLIGATOR POINT CAMPGROUND INC

Principal Place of Business: Alligator Point Camp. 1320 Alligator Dr. Alligator Point, Fl, 32346

Mailing Address: 26 Shadow Oak Cir Crawfordville FL 32327

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 2-15-92

2. Principal Place of Business
21 1320 Alligator Dr.
Suite, Apt. #, etc.
22
23 City & State: Alligator Point FL
24 Zip: 32346 25 Country: FRANKLIN

2a. Mailing Address
26 26 Shadow Oak Cir
Suite, Apt. #, etc.
27
28 City & State: Crawfordville FL.
29 Zip: 32327 30 Country: WAKULLA

4. FEI Number: 59-3099671 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
EUGENE L. MELLOTT
26 Shadow OAK Cir
Crawfordville, FL, 32327

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 agree to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: Eugene L. Mellott pres
Signature of a member of the board of directors or authorized officer (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRES. ☐ DELETE
NAME	EUGENE L. MELLOTT
STREET ADDRESS	26 SHADOW OAK CIR
CITY-ST-ZIP	CRAWFORDVILLE FL 32327
TITLE	SEC-TRES ☐ DELETE
NAME	JACQUELINE MELLOTT
STREET ADDRESS	26 SHADOW OAK CIR
CITY-ST-ZIP	CRAWFORDVILLE FL 32327
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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 supplemental 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 any attachment with an address.

SIGNATURE: Eugene L. Mellott pres 5-4-98 926-2569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)