

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V08108**

1. Corporation Name
ALLIGATOR POINT CAMPGROUND, INC.

Principal Place of Business

Mailing Address

**1320 ALLIGATOR DR
ALLIGATOR POINT FL 32346**

**26 SHADOW OAK CIR
CRAWFORDVILLE FL 32327**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

**MELLOTT, EUGENE L
26 SHADOW OAK CIR
CRAWFORDVILLE FL 32327**

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

Signature, typed or printed name of registered agent and title if applicable

Typed or printed name of registered agent and title if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** [] DELETE

NAME **MELLOTT, EUGENE L**
STREET ADDRESS **26 SHADOW OAK CIR**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE **ST** [] DELETE

NAME **MELLOTT, JACQUELINE**
STREET ADDRESS **26 SHADOW OAK CIR**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

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CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [] Change [] Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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)(b), 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, with all other like empowered

SIGNATURE: **Eugene L Mellett** President 4/14/99 850 924-2569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APPROVED
AND
FILED

99 APR 14 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1992

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 the current year intangible
Personal Property Tax [] Yes [] No

10. Name and Address of New Registered Agent

0055187

CR2E034 (11/98)