

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 579359 (1)

95 FEB 23 PM 3: 16

1. Corporation Name
CAMELOT R.V. PARK, INC.

Principal Place of Business
**MALABAR, FL
1800 US #1
MALABAR FL 32950
US**

Mailing Address
**1800 U S HWY 1
P O BOX 500205
MALABAR FL 32950**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/18/1978** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-1838219** 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 § 199.017, Florida Statutes Yes No

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 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

**RITTER, ROBERT J.
1830 US HWY 1
PO BOX 205
MALABAR FL 32950**

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 _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995 | |
|----------------------------|--|---|---|
| TITLE | DST RITTER, JOHN M 180 PELICAN DR NE PALM BAY FL | 11 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 12 NAME | DS Ritter, John M. 160 Pelican Dr. NE. Palm Bay, FL 32907 |
| STREET ADDRESS | | 13 STREET ADDRESS | |
| CITY, ST, ZIP | | 14 CITY, ST, ZIP | |
| TITLE | D RITTER, ROBERT J. 1830 US HWY 1 MALABAR FL | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY, ST, ZIP | | 24 CITY, ST, ZIP | |
| TITLE | DP RITTER, ROBERT J. JR 1800 U S HWY 1 MALABAR, FL 00000 | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY, ST, ZIP | | 34 CITY, ST, ZIP | |
| TITLE | D RITTER, MARTHA M. 11601 W. BISCAYNE CANAL DRIVE MIAMI FL | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY, ST, ZIP | | 44 CITY, ST, ZIP | |
| TITLE | D RITTER, MARTHA ELIZABE 11601 W. BISCAYNE CANAL DRIVE MIAMI FL | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY, ST, ZIP | | 54 CITY, ST, ZIP | |
| TITLE | T RITTER ELIZABETH BINA 1800 US HWY 1 MALABAR FL | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 Sections 192.017(4)(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 in person. I am an officer or director of the corporation or the registered or trading empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attached sheet with an address.

SIGNATURE: *Robert J. Ritter* 2/20/95 407-7245396

ORIGINAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR