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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS May 06, 1999 8:00 am Secretary of State 05-06-1999 90266 044 ***150.00

FILED

1999 DOCUMENT # H05328

ICHETUCKNEE SPRINGS CAMPGROUND, INC.

Principal Plac	e of Business	Mailing Addres	ss			(Miller millis binen aibit :	
% JUNE E. HA	45	% JUNE E. HAY RT #2 BOX 534 FT. WHITE FL 3	45			DO NOT WRITE IN	I THIS SPACE	
FT. WHITE FL 32038 US			US			3. Date Incorporated or Qualifed		
00		V -				05/29/1984		
2 Principal P	Place of Business	2a. Mailing Ad	dress			4. FEI Number	A	oplied For
21	Table of Basiness	26				59-2560549	No	ot Applicable
Suite, Apt.	# etc	Suite, Apt.	#, etc.			_		Additional
22	. , , , , , , , , , , , , , , , , , , ,	27				5. Certifcate of Status Desired	Fee Re	equired
City & Stat	te	City & Stat	te			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	•	to Fees
Zip	Country	Zip		Country		8. This corporation owes the current y	ear Intangible	
24	25	29	30	<u>, </u>		Personal Property Tax.	☐ Yes	DNo
	9. Name and Address of Curre					10. Name and Address of New Regis	tered Agent	
	<u> </u>			81	Name			
HAY	'ES, JUNE E.			_	<u> </u>	(D.O. Burnston in Net Appendable)		
	2 BOX 5345			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
CR 2				83				
	WHITE FL 32038							
{	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			84	City		FL 85 Zip	Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Flo	orida Statutes.	the above	e-named con	poration submits this statement for the purp	ose of changing its	registered
office or i	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such cha pations of, Section 60	ange was auth 7.0505, Florida	orized by a Statutes.	ine corporati	poration submits this statement for the purp ion's board of directors. I hereby accept the	ose of changing its appointment as re	s registered egistered
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida, Such cha pations of, Section 60 pent and title if applicable.	ange was auth 7.0505, Florida	a Statutes	ine corporati	ed when reinstating)	ose of changing its appointment as re	
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office or I agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A	e of Florida. Such cha gations of, Section 60 pent and title if applicable. ND DIRECTORS	ange was auth 7.0505, Florida	a Statutes. egistered Agen 13.	ine corporati	ed when reinstating)	ose of changing its appointment as re	ORS IN 12
office or lagent. I a SIGNATURE 12. TITLE NAME	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A STD HAYES, JUNE E.	e of Florida. Such cha gations of, Section 60 pent and title if applicable. ND DIRECTORS	ange was auth 7.0505, Florida (NOTE: Re	a Statutes. egistered Agen 13, 1.1 TITLE 1.2 NAME	t signature require	ed when reinstating)	ose of changing its appointment as re	ORS IN 12
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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 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

☐ Addition
