

030514-TC

ORIGINAL

CK 18912
\$ 100.00
MC

1. Name of company or name of individual (not fictitious name or d/b/a):

CAMPER'S HOLIDAY ASSOCIATION

2. Name under which applicant will do business (fictitious name, etc.):

TRUSTEE CORPORATION OF CAMPER'S HOLIDAY ASSOCIATION, INC.

3. Official mailing address:

Street: 2092 CULBREATH RD.

P.O. Box: _____

City: BROOKSVILLE

State: FLORIDA Zip: 34602-6121

4. Florida address: SAME

Street: _____

P.O. Box: _____

City: _____

State: _____ Zip: _____

5. Structure of organization:

() Individual

Corporation

() General Partnership

() Limited Partnership

() Other: _____

DEPOSIT DATE
11
D 356 JUN 20 2003

6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State

Corporate Registration Number: CERTIFICATE OF INCORPORATION

FILED ON 10/15/1971 - AT THE CAPITAL, TALLAHASSEE
GIVEN UNDER THE GREAT SEAL OF THE STATE OF FLORIDA

US _____
AF _____
MP _____
OM _____
TR _____
CR _____
CL _____
PC _____
IMS _____
EC _____
TH _____

Form PSC/CMU-32 (02/99)
Required by Commission Rule Nos. 25-24.510 & 25-24.511
File Name: cmu-32.doc

DOCUMENT NUMBER DATE

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