

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 542677 (0)

1. Corporation Name

R. V. WORLD, INC., OF NOKOMIS



Principal Place of Business

2110 N. TAMiami TRAIL
NOKOMIS FL 34275

Mailing Address

2110 N. TAMiami TRAIL
NOKOMIS FL 34275

3. Date Incorporated or Qualified
08/10/1977

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1761500

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 s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GERZENY, RUBEN
2110 N. TAMiami TRAIL
NOKOMIS FL 33555

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

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	GERZENY, RUBEN	
STREET ADDRESS	2110 N. TAMiami TRAIL	
CITY - ST - ZIP	NOKOMIS FL	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	GERZENY, BEVERLY	
STREET ADDRESS	2110 N. TAMiami TRAIL	
CITY - ST - ZIP	NOKOMIS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DAVIDSON EDDIE	
STREET ADDRESS	2110 N TAMiami TRAIL	
CITY - ST - ZIP	NOKOMIS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GERZENY MATTHEW	
STREET ADDRESS	2110 N TAMiami TRAIL	
CITY - ST - ZIP	NOKOMIS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GERZENY DAVID	
STREET ADDRESS	2110 N TAMiami TRAIL	
CITY - ST - ZIP	NOKOMIS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GERZENY STEVEN	
STREET ADDRESS	2110 N TAMiami TRAIL	
CITY - ST - ZIP	NOKOMIS FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 Section 119.07(3)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE: *Eddie L. Davidson* 4-18-96 541-566-2182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)