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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F96000000644 (2)**

1. Corporation Name
ARISTOCRAT INDUSTRIES, INC.

Principal Place of Business	Mailing Address
ARISTOCRAT INDUSTRIES/SPRINTER RECREATION 65267 SOURWOOD DRIVE GOSHEN IN 46526-9116	ARISTOCRAT INDUSTRIES/SPRINTER RECREATION 65267 SOURWOOD DRIVE GOSHEN IN 46526-9116

3. Date Incorporated or Qualified: 02/08/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 17400 Hackberry Dr.	26 17400 Hackberry Dr
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Goshen, IN	28 City & State: Goshen, IN
24 Zip: 46526-9116 25 Country: USA	29 Zip: 46526-9116 30 Country: USA

4. FEI Number: 35-1961908 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☒ DELETE	1.1 TITLE	P ☒ Change ☐ Addition
NAME	DEHAVEN, RONALD G	1.2 NAME	H. Coleman Davis III
STREET ADDRESS	3523 BENT OAK TRAIL	1.3 STREET ADDRESS	3819 Augusta LN
CITY-ST-ZIP	ELKHART IN 46517	1.4 CITY-ST-ZIP	Elkhart, IN 46517
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DEANE, THOMAS L	2.2 NAME	
STREET ADDRESS	24378 BELMAR DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ELKHART IN 46517	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	VANKIRK, LEROY	3.2 NAME	
STREET ADDRESS	68437 BELLOWS ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE PIGEON MI 49099	3.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FRANKLIN, LON	4.2 NAME	
STREET ADDRESS	24372 CR 18	4.3 STREET ADDRESS	
CITY-ST-ZIP	ELKHART IN 46516	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: H. Coleman Davis III H. Coleman Davis III 2/20/97 2195340151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #