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Apr 29, 1999 8:00 am
Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H51649

1. Corporation Name
INDEPENDENCE RV SALES & SERVICE, INC.



Principal Place of Business
12705 W COLONIAL DR
215 NORTH EOLA DRIVE
WINTER GARDEN FL 34787
US

Mailing Address
% SHAWN G RADER
215 N EOLA DR
ORLANDO FL 32801-2026
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	04/10/1985	59-2648497	No - Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	☐		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees	
23	28	Trust Fund Contribution	☐	
Zip	Zip	7. This corporation owes the current year Intangible Personal Property Tax.	☒ Yes ☐ No	
24	29	30		

9. Name and Address of Current Registered Agent

**RADER, SHAWN G.
215 NORTH EOLA DRIVE
ORLANDO FL 32801**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	V.P. ☐ Change ☒ Addition
NAME	JORDAN, WILLIAM R	1.2 NAME	Charles E. Simpson
STREET ADDRESS	2252 FOUNTAIN KEY CIRCLE	1.3 STREET ADDRESS	10300 Birchtree Lane
CITY-ST-ZIP	WINDERMERE FL	1.4 CITY-ST-ZIP	Windermere, FL 34786
TITLE	S ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JORDAN, JULIE H	2.2 NAME	
STREET ADDRESS	2252 FOUNTAIN KEY CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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.

SIGNATURE

William A. Jordan Julie H. Jordan

4/14/99

Date

407-877-7878

Daytime Phone #

CR2E034 (11/98)