(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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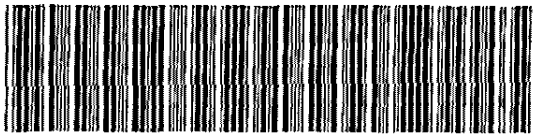

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File Now. Filing Fee after May 1 is $225.00

CORPORATION ANNUAL REPORT 1993

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
SEC. OF STATE
CORPORATIONS D. A.
TALLAHASSEE, FLA.

1. Name and Mailing Address of Corporation: DOCUMENT # H51649 (2)

PROPERTY
INDEPENDENCE RV SALES & SERVICE, INC.
% SHAWN G. RADER
215 N EOLA DR
ORLANDO FL 32801-2028

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/10/1985
3a. Date of Last Report: 07/01/1992

FILING FEE $200.00 | ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE = MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number: 592648497 | Applied For / Not Applicable

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | Country 25

2a. Principle Place of Business
26 Winter Garden, FL 34787
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(C)(3) Tax Exempt Status ☐ — $138.75 Supplemental Fee Not Required
8. This corporation has formally elected to be taxed under Subchapter S of the Internal Revenue Code and Florida Statutes ☑ Yes ☐ No

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 | 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 _____
Registered Agent Accepting Appointment

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE	P	1.1 TITLE	President
1.2 NAME	JORDAN, JIMMY N	1.2 NAME	William R. Jordan
1.3 ADDRESS	2252 FOUNTAIN KEY CIRCLE	1.3 ADDRESS	2252 Fountain Key Circle
1.4 CITY-ST-ZIP	WINDERMERE FL	1.4 CITY-ST-ZIP	Windermere, FL 34786
2.1 TITLE	T	2.1 TITLE	Secretary
2.2 NAME	RICHARDSON, E.KEITH	2.2 NAME	Julie H. Jordan
2.3 ADDRESS	6901 E.INDEPENDENCE BLVD	2.3 ADDRESS	2252 Fountain Key Circle
2.4 CITY-ST-ZIP	CHARLOTTE NC	2.4 CITY-ST-ZIP	Windermere, FL 34786
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 ADDRESS		3.3 ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 ADDRESS		4.3 ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 ADDRESS		5.3 ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 ADDRESS		6.3 ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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; I further certify 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12, Block 13 if a change, or on an attachment with an address.

SIGNATURE Julie H. Jordan DATE 4/22/93

Print/Type Name of Signing Officer or Director: Julie H. Jordan
Title(s): Secretary
Daytime Telephone Number: (407) 877-7818 ext 601