(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

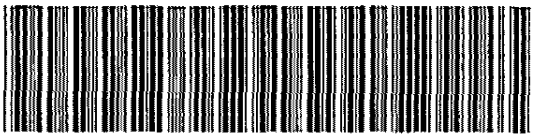
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600037716016

ILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

RPORATION ANNUAL REPORT 1992

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

APPROVED AND FILED
92 JUL -1 AM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

Read Instructions on Other Side Before Making Entries

FILING FEE $61.25 Make Payable To: *Secretary of State*

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

INDEPENDENCE RV SALES & SERVICE, INC.
INDEPENDENCE RV SALES & SERVICE, INC.
% SHAWN G. RADER
215 NORTH EOLA DRIVE
ORLANDO FL 32801-2028

N/C 3-31-92 (KD)

If above address is incorrect in any way line through the incorrect information and enter correct address in Block 2

2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address in this Box is acceptable. The NAME of the corporation can be changed only by filing an amendment

21 Mailing Address
-07/13/92--00100--001

22 P.O. Box ANNUAL REPORT
ANNUAL REPORT------***61.25

23 City and State TOTAL------------ 24 Zip Code ***61.25

3. Date Incorporated or Qualified To Do Business in Florida 04/10/1985

3a. Date of Last Report	4. FEI Number	FEI Number Applied For / FEI Number Not Applicable	5. $8.75 Additional Fee required for a Certificate of Status
03/13/1991	59-2648497		CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

	1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
1	P	JORDAN, WILLIAM R.	2252 FOUNTAIN KEY CIRCLE	WINDERMERE, FL
1a		~~Jordan, Julie H.~~	~~2252 Fountain Key Circle~~	Windermere, FL.
2	S	~~RICHARDSON, E.KEITH~~	~~6901 E.INDEPENDENCE BLVD~~	~~CHARLOTTE, N.C.~~
3	T	Richardson, E. Keith	6901 E. Independence Blvd	Charlotte NC.
4				
5				
6				

CJB 7-1-92

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

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

8. Name and Address of New Registered Agent
81 Name
82 Street Address 1 (Do NOT Use P.O. Box Number)
83 Street Address 2 (Do NOT Use P.O. Box Number)
84 City FL. 85 Zip

9. 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 ____________ (Registered Agent Accepting Appointment) ____________ DATE

10. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. Yes ✓ No ☐ (See other side for information on intangible tax.)

11. 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 6 or an attachment with an address.

SIGNATURE E Keith Richardson Treasurer DATE 6/24/92

Typed Name of Signing Officer or Director: E. Keith Richardson
Title: Treasurer
Telephone Number Daytime: (704) 535-6898

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and include an additional $5.00 to the filing fee ☐