FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03321** **(7)**

1. Corporation Name
CAMPING WORLD, INC.

Principal Place of Business	Mailing Address
THREE SPRINGS RD. P.O. BOX 90010 BOWLING GREEN KY 42102-9010	THREE SPRINGS RD. P.O. BOX 90010 BOWLING GREEN KY 42102-9010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/10/1984**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: **61-0994306** ☐ 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

CT CORPORATION SYSTEM
1200 S. 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 _____
Signature, typed or printed name of registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	☐ Change ☐ Addition
NAME	GARVIN, DAVID	12 NAME	
STREET ADDRESS	THREE SPRINGS RD.	13 STREET ADDRESS	
CITY-ST-ZIP	BOWLING GREEN KY	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, WILLIAM L.	22 NAME	
STREET ADDRESS	THREE SPRINGS RD.	23 STREET ADDRESS	
CITY-ST-ZIP	BOWLING GREEN KY	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	COKER, MURRAY	32 NAME	
STREET ADDRESS	THREE SPRINGS RD.	33 STREET ADDRESS	
CITY-ST-ZIP	BOWLING GREEN KY	34 CITY-ST-ZIP	
TITLE	DP	41 TITLE	☐ Change ☐ Addition
NAME	DONNELLY, THOMAS A.	42 NAME	
STREET ADDRESS	THREE SPRINGS RD.	43 STREET ADDRESS	
CITY-ST-ZIP	BOWLING GREEN KY	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	EWING, DEAN S.	52 NAME	
STREET ADDRESS	THREE SPRINGS, RD.	53 STREET ADDRESS	
CITY-ST-ZIP	BOWLING GREEN KY	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	SNODGRASS, STEVE	62 NAME	
STREET ADDRESS	650 THREE SPRINGS ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	BOWLING GREEN KY	64 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)(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: Dean S. Ewing VP 4-17-95 502 781-2718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0497090 FH