## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03321

**(7)** 

Mailing Address
THREE SPRINGS RD.

CAMPING WORLD, INC.

Principal Place of Business

THREE SPRINGS RO.

FILED
Apr 16 1998 8:00am
Secretary of State

P.O. BOX 90018 BOWLING GREEN KY 42102-9018			P.O. BOX 90018 BOWLING GREEN KY 42102-9018			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifie 09/10/1984	id .		
2. Principal Place of Business 2a. Mailing Address			Address	•		4. FEI Number		A	pplied For
21	26	26			61-0994306		N	lot Applicable	
Suite, Apt. #, etc. 27			Suite, Apt #, etc.			5. Certificate of Status Desired		<b>+</b>	Additional lequired
City & State City & State						6. Election Campaign Financing			<del>-</del>
23		28	, and			Trust Fund Contribution	, <sub>□</sub>		May Be to Fees
Zip	Country	Zip	·	Counte	v	8. This corporation owes or has			
25 29			1	30	•	Personal Property Tax due Ji			No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
CT CORP	DRATION SYSTEM			8	Name	· · · · · · · · · · · · · · · · · · ·	<del></del>		
	NE ISLAND ROAD			L	<u> </u>				
PLANTATION FL 33324				8:	Street Ac	ddress (P.O. Box Number is Not Accep	itable)		
1 UNITALIS	211 1 6 00064			8:	1		-	·····	
				- 1	1	•			
				84	City	*	FL	<b>85</b> Zip	Code
			<del></del>		<u> </u>	· · ·			
11. Pursuant to the pr	ovisions of Sections 607.0	0502 and 607.1508, late of Florida, Such	change was a	s, the abou	re-named co	orporation submits this statement for the ration's board of directors. I hereby ac	e purpose o	il changing i	its registered
agent. I am familia	ar with, and accept the ob	oligations of, Section	607.0505, Flo	rida Statute	98.	ranon o board or an octore. Thereby ac	oopt the opp	2011(11)(11)(11)	, 10g.0.0.00
SIGNATURE									
Signature,	typed or printed name of registered		e (NOTE		ent signature rec	quired when reinstating)	DATE		
12.	OFFICERS (	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS AND		
TITLE DC			☐ DELETE	1.1 TITLE				Change	Addition
NAME GAR	vin, david			1.2 NAME					
	ee springs RD.			1.3 STREE	T ADDRESS				
CITY-ST-ZIP BOW	<i>i</i> ling green ky			1.4 CITY-	ST-71P				
TITLE VD			DELETE	2.1 TITLE	<del></del>	*		Change	Addition
	NSON, WILLIAM L.	_		2.2 NAME					_
	EE SPRINGS RD.				T ADDRESS				
BOM	/LING GREEN KY								
CITY-ST-ZIP BUT	CHICA CHILLIAN		DELETE	2.4 CITY 3.1 TITLE	SI-ZIP			Change	Addition
11712	ER, MURRAY		L DILLIE					L DIMINGE	
91.00	EE SPRINGS RD.			3.2 NAME					
DOM				3.3 STREE	T ADDRESS				
	/LING GREEN KY		_	3.4. CITY	ST-ZIP				
TITLE DP			☐ DELEŤE	4.1 TITLE				Change	
	NELLY, THOMAS A.			4. 2 NAM	:				
0	ee springs Rd.			4.3 STREE	T ADDRESS				
CITY-ST-ZIP BOY	/LING GREEN KY			4.4 CITY-	ST-ZIP				
TITLE V			DELETE	5.1 TITLE	T T	<u> </u>		Change	Addition
NAME EWI	vg, Dean S.			5.2 NAME					
	EE SPRINGS, RD.				T ADDRESS				
	/LING GREEN KY								
OIII DI EN			DELETE	5.4 CITY-	21 - ZIP			Change	Addition
TITLE			T DEFECT	6.1 TITLE				L change	Addition
NAME STREET ADDRESS				6.2 NAME	t address				

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 attactment with an address.

SIGNATURE:

Diens Challen

IP 4-3-98

502781-2718