Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90229 043 ***150.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P03321

1. Corporation Name

Principal Place of Business

CAMPING WORLD, INC.

	THREE SPRINGS P.O. BOX 90018 BOWLING GREE		THREE SPRINGS RD. P.O. BOX 90018 BOWLING GREEN KY 42102-9018		3. Date Incorporated or Qualifed	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/10/1984			
ŀ	9 Dringing Dis	non of Puninger	2a. Mailing Address			4. FEI Number		Applied For	
The state of the			}			61-0994306	-	Not Applicable	
21 26			Suite, Apt, #, etc.			010334300	\$ 2.7	5 Additional	
	Suite, Apt. #	+, etc.	27 Suite, Apt., #, etc.	Suite, Apt., #, 6tc.		5. Certifcate of Status Desired		e Required	
	City & State		City & State			- 6. Election Campaign Financing	C 5	00 May Be	
	23	, ,	28	•		Trust Fund Contribution		led to Fees	
	Zip	Country	Zip	Country		8. This corporation owes the current year Int	anoible		
ļ	24	25	29 3	آ آه		Personal Property Tax.	V Yes	□No	
		9. Name and Address of Current	<u> </u>	<u> </u>		10. Name and Address of New Registered	Agent		
			<u> </u>	81	Name				
	CT C	ORPORATION SYSTEM		82	Ctus st	Address (P.O. Box Number is Not Acceptable)		•	
	1200	S. PINE ISLAND ROAD		62	Street	Address (P.O. Box Number is Not Acceptable)			
	PLAN	ITATION FL 33324		83					
							lanl :	Zip Code	
				84	City	FL	85	Zip Code	
	office or re agent. I an SIGNATURE	egistered agent, or both, in the State on In familiar with, and accept the obligation	f Florida. Such change was aut ons of, Section 607.0505, Floric	horized by la Statutes	tne corp	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appo	changing ntment a	g its registered s registered	
I		Signature, typed or printed name of registered agent OFFICERS AND		<u> </u>	t signature r	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AT	יוט טופבי	CTORS IN 12	
	TITLE	DC OFFICERS AND	DELETE	13.		D C	TS€ Chai		
		GARVIN, DAVID	25 ; 02.2.72	1.2 NAME		E-CUE ADAM S		_	
	NAME	THREE SPRINGS RD.		1.3 STREET	ADDDESS	1, ~	·		
I	STREET ADDRESS	BOWLING GREEN KY		1.3 5 IREE I		BOWLING Green, Ky			
	CITY-ST-ZIP	V	☐ DELETE	2.1 TITLE	-ZIP	200-10-1	[] Char	nge Addition	
	NAME	COKER, MURRAY	<u> </u>	2.2 NAME			_		
	1	THREE SPRINGS RD.		2.3 STREET	ADDDCCC				
	STREET ADDRESS	BOWLING GREEN KY		2.4 CITY-S					
	CITY-ST-ZIP	DP	DELETE	3.1 TITLE	1-21	** C + T	□ Char	nge - Addition	
	NAME	DONNELLY, THOMAS A.		3.2 NAME					
	STREET ADDRESS	THREE SPRINGS RD.		3.3 STREET	VUUDE66				
		BOWLING GREEN KY							
	CITY-ST-ZIP	V	□ DELETE	3.4. CITY-S 4.1 TITLE	1-211		☐ Chai	nge Addition	
	NAME	EWING, DEAN S.	<u> </u>	4.2 NAME			_	· –	
	STREET ADDRESS	THREE SPRINGS, RD.		4.2 (DONE	ADDBE66				
		BOWLING GREEN KY		4.4 CITY-S					
	C/TY-ST-ZIP	DOTTERIO GILLETTINI	□ DELETE	5.1 TITLE	·ur		Chai	nge	
	NAME			5.2 NAME			_	- 	
	STREET ADDRESS			5.3 STREET	ADDRESS				
	I SINCELAUURESSI			E		l .			
	C/TY-ST-ZIP			5.4 CITY-S	-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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

CR2E034 (11/98)

Addition

Change