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 MAY -1 PM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000056552 (0)

1. Corporation Name
RECREATIONAL FACTORY WAREHOUSE OF VIRGINIA, INC.

Principal Place of Business
6333 N. ORANGE BLOSSOM TRAIL
SUITE 201
ORLANDO FL 32810

Mailing Address
6333 N. ORANGE BLOSSOM TRAIL
SUITE 201
ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1994
3a. Date of Last Report:

2. Principal Place of Business
21 3033 Mercy Dr.
Suite, Apt. #, etc.
22
City & State
23 Orlando, FL
Zip 24 32808 Country 25 Orange

2a. Mailing Address
26 3033 Mercy Dr.
Suite, Apt. #, etc.
27
City & State
28 Orlando, FL
Zip 29 32808 Country 30 Orange

4. FEI Number: 59-3255196 ☐ 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

EDGAR, CANDICE B
6333 N. ORANGE BLOSSOM TRAIL
SUITE 201
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3033 Mercy Dr.
83
84 City Orlando FL 85 Zip Code 32808

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	DC ☒ Change ☐ Addition
NAME	DOEBLER, DONALD W	12 NAME	
STREET ADDRESS	6333 N. ORANGE BLOSSOM TR., STE. 201	13 STREET ADDRESS	3033 Mercy Dr.
CITY-ST-ZIP	ORLANDO FL 32810	14 CITY-ST-ZIP	Orlando, FL 32808
TITLE		21 TITLE	P ☐ Change ☒ Addition
NAME		22 NAME	Doebler, David R.
STREET ADDRESS		23 STREET ADDRESS	3033 Mercy Dr.
CITY-ST-ZIP		24 CITY-ST-ZIP	Orlando, FL 32808
TITLE		31 TITLE	V ☐ Change ☒ Addition
NAME		32 NAME	Ecelbarger, Craig V.
STREET ADDRESS		33 STREET ADDRESS	3033 Mercy Dr.
CITY-ST-ZIP		34 CITY-ST-ZIP	Orlando, FL 32808
TITLE		41 TITLE	VST ☐ Change ☒ Addition
NAME		42 NAME	Edgar, Candice B.
STREET ADDRESS		43 STREET ADDRESS	3033 Mercy Dr.
CITY-ST-ZIP		44 CITY-ST-ZIP	Orlando, FL 32808
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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: [signature] 4-25-95 (407)297-0144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Candice B Edgar Vice President

0000187 CP