


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

FILED
May 13 1997 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|--|--|---|--|--|---|
| DOCUMENT # 374561 (9) | | | | | |
| 1. Corporation Name R.V. SHULNBURG, INC. | | | | | |
| Principal Place of Business 7314 NUNDY AVE 33534 NTON FL 33610 US | | | Mailing Address P. O. BOX 300 N/A GIBSONTON FL 33534-0300 US | | |
| 2. Principal Place of Business | | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 12/28/1970 |
| 21. Suite, Apt. #, etc. | | | 26. Suite, Apt. #, etc. | | 3a. Date of Last Report 05/01/1996 |
| 22. City & State | | | 27. City & State | | 4. FEI Number 59-1313689 |
| 23. Zip | | | 28. Zip | | Applied For <input type="checkbox"/> Not Applicable |
| 24. Country | | | 29. Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 25. Country | | | 30. Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | |
| PERLMAN, JOSEPH A 1011 BELCHER RD. S SUITE B LARGO FL 34641 | | | 81. Name | | |
| | | | 82. Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 83. | | |
| | | | 84. City | | |
| 85. Zip Code | | | 86. State | | |
| 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 | | | | | |
| 11. TITLE | | | | | |
| 12. NAME | | | | | |
| 13. STREET ADDRESS | | | | | |
| 14. CITY - ST - ZIP | | | | | |
| 21. TITLE | | | | | |
| 22. NAME | | | | | |
| 23. STREET ADDRESS | | | | | |
| 24. CITY - ST - ZIP | | | | | |
| 31. TITLE | | | | | |
| 32. NAME | | | | | |
| 33. STREET ADDRESS | | | | | |
| 34. CITY - ST - ZIP | | | | | |
| 41. TITLE | | | | | |
| 42. NAME | | | | | |
| 43. STREET ADDRESS | | | | | |
| 44. CITY - ST - ZIP | | | | | |
| 51. TITLE | | | | | |
| 52. NAME | | | | | |
| 53. STREET ADDRESS | | | | | |
| 54. CITY - ST - ZIP | | | | | |
| 61. TITLE | | | | | |
| 62. NAME | | | | | |
| 63. STREET ADDRESS | | | | | |
| 64. CITY - ST - ZIP | | | | | |
| 14. I do 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 | | | | | |

CR2E034 (9/96)

SIGNATURE

NANCY SHULNBURG 4/29/97 813 677 1606