FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

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

95 MAY -1 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **385780** **(2)**

1. Corporation Name

RECREATIONAL PRODUCTS SALES & SERVICE, INC.

Principal Place of Business	Mailing Address
1631 RIVERVIEW RD.#505 DEERFIELD BCH. FL 33441	1631 RIVERVIEW RD.#505 DEERFIELD BCH. FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/22/1971**
3a. Date of Last Report: **04/28/1994**

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

4. FEI Number: **59-1354168** ☐ 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 [illegible] for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BUSCH, ROBERT J.
1631 RIVERVIEW RD.#505
DEERFIELD BCH. FL 33441

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] 4-28-95
(Signature of new registered agent, if changing) (Florida Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCTD	11 TITLE		☐ Change ☐ Addition
NAME	BUSCH, ROBERT J.	12 NAME		
STREET ADDRESS	1631 RIVERVIEW RD. #505	13 STREET ADDRESS		
CITY ST ZIP	DEERFIELD BEACH FL	14 CITY ST ZIP		
TITLE	VD	21 TITLE	VD	☐ Change ☒ Addition
NAME	BUSCH, DAVID A.	22 NAME	BUSCH, DAVID A.	
STREET ADDRESS	202 NW 16TH STREET	23 STREET ADDRESS	1608 N.W. 2ND AVE	
CITY ST ZIP	GAINESVILLE FL	24 CITY ST ZIP	GAINESVILLE, FLA. 32601	
TITLE	D	31 TITLE	D.	☐ Change ☒ Addition
NAME	BUSCH, THOMAS E.	32 NAME	BUSCH, THOMAS E.	
STREET ADDRESS	1118 SOUTH LASALLE	33 STREET ADDRESS	1608 N.W. 2ND AVE.	
CITY ST ZIP	ABILENE TX	34 CITY ST ZIP	GAINESVILLE, FLA. 32601	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
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)(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 1, or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4-28-95 (305) 428-3165
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone Number

0295094 CP