

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **542677** (0)

1. Corporation Name

**R. V. WORLD, INC., OF NOKOMIS**



Principal Place of Business

Mailing Address

**2110 N. TAMiami TRAIL  
NOKOMIS FL 34275**

**2110 N. TAMiami TRAIL  
NOKOMIS FL 34275**

3. Date Incorporated or Qualified  
**08/10/1977**

3a. Date of Last Report  
**04/21/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**59-1761500**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GERZENY, RUBEN  
2110 N. TAMiami TRAIL  
NOKOMIS FL 33555**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	<b>GERZENY, RUBEN</b>	
STREET ADDRESS	<b>2110 N. TAMiami TRAIL</b>	
CITY-ST-ZIP	<b>NOKOMIS FL</b>	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	<b>GERZENY, BEVERLY</b>	
STREET ADDRESS	<b>2110 N. TAMiami TRAIL</b>	
CITY-ST-ZIP	<b>NOKOMIS FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>DAVIDSON EDDIE</b>	
STREET ADDRESS	<b>2110 N TAMiami TRAIL</b>	
CITY-ST-ZIP	<b>NOKOMIS FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>GERZENY MATTHEW</b>	
STREET ADDRESS	<b>2110 N TAMiami TRAIL</b>	
CITY-ST-ZIP	<b>NOKOMIS FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>GERZENY DAVID</b>	
STREET ADDRESS	<b>2110 N TAMiami TRAIL</b>	
CITY-ST-ZIP	<b>NOKOMIS FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>GERZENY STEVEN</b>	
STREET ADDRESS	<b>2110 N TAMiami TRAIL</b>	
CITY-ST-ZIP	<b>NOKOMIS FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:

*Eddie L. Davidson* **EDDIE L. DAVIDSON**

4-18-96

541-566-2182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)