

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 # 579998 (6)

1. Corporation Name

HOLIDAY RV SUPERSTORES, INCORPORATED

Principal Place of Business

7851 GREENBRIAR PKWY  
ORLANDO FL 32819

Mailing Address

7851 GREENBRIAR PKWY  
ORLANDO FL 32819



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

9. Name and Address of Current Registered Agent

KINDLUND, NEWTON C.  
7851 GREENBRIAR PKWY  
ORLANDO FL 32819

3. Date Incorporated or Qualified

07/24/1978

3a. Date of Last Report

01/23/1995

4. FEI Number

59-1834763

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 franchise tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

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

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
KINDLUND, NEWTON C.  
STREET ADDRESS 280 STIRLING AVE  
CITY-STATE-ZIP WINTER PARK FL

TITLE ☐ DELETE

NAME STD  
KINDLUND, JOANNE M.  
STREET ADDRESS 280 STIRLING AVE  
CITY-STATE-ZIP WINTER PARK FL

TITLE ☐ DELETE

NAME D  
HITT, FRANKLIN J.  
STREET ADDRESS 2348 HUNTERFIELD RD.  
CITY-STATE-ZIP MAITLAND FL

TITLE ☐ DELETE

NAME D  
WILLIAMS, JAMES P.  
STREET ADDRESS 615 N. WYMORE RD.  
CITY-STATE-ZIP WINTER PARK FL

TITLE ☐ DELETE

NAME D  
KATZ, LAWRENCE H.  
STREET ADDRESS 341 N MAITLAND AVE, STE. 120  
CITY-STATE-ZIP MAITLAND FL

TITLE ☐ DELETE

NAME V  
MCALHANEY, W. HARDEE  
STREET ADDRESS 3701 SEDGEWICK PLACE  
CITY-STATE-ZIP ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE

CR2E034 (12/95)