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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 674924

(6)

TRI-COUNTY R. V. SALES, INC.

FILED

May 02 1997 8:00am

Secretary of State

										 	
Principal Place	e of Business		ng Address						. .	1 4 (4)()84)	
14584 68TH STREET NORTH CLEARWATER FL 34824-7205			14584 66TH STREET NORTH CLEARWATER FL 34624-7205								
							3, Date Incorporated or Qualified 06/25/1980		ite of Last 6	Report	
2. Principal Pi	ace of Business	2a. M	Mailing Address				4. FEI Number		A	Applied For	
21			26				59-2047707	59-2047707 Not Applicat			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	See Required			
City & State	9		ity & State		_		6. Election Campaign Financing		\$5.00	May Be	
23			28				Trust Fund Contribution				
Zip	Country	7	jib.	Count	try		8. This corporation has liability for i			s. 199.032,	
24	25	29		30					No		
	g. Name and Address of Curr	ent Register	red Agent		.aT		10. Name and Address of New Re	gistered A	4gent		
	ONNOR, PATRICK M.			ا	31	Name					
	37 US 19 NORTH BOURSIDE SUITE 461			8	32	Street Add	dress (P.O. Box Number is Not Acceptab	le)			
	ARWATER FL 34624			ε	33						
,				8	34	City			85 Zip	Code	
								FL			
11, Pursuant to office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607 de of Florida	'.1508, Florida Statu . Such change was	ites, the abo authorized	pa. pve-	-named cor the corpora	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of at the app	changing ointment a	its registered is registered	
agent. I a	m familiar with, and accept the ob-	igations of, S	Section 607.0505, F	torida Statu	tes.	•	, i	.,		•	
SIGNATURE											
	Signature, typed or printed name of registered OFFICERS A		`````````````````	18.	Agen	it signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND	DIRECTO	DRS INL12	
12.	P	WO DITEOT	DELETE	1.1 THL	 F		ADDITIONS/OFFANGES TO OFFICE	LIIO MAD	Change		
NAME	COLE, STANLEY W, JR			1.2 NAN							
STREET ADDRESS	5911 APPLECROSS ST N					ADDRESS					
CITY-ST-ZIP	ST PETERSBURG, FL 33709			1.# CITY		1					
TITLE	V		DELETE	2.1 T(TL	-	- 211			Change	Addition	
NAME	COLE, STANLEY W, SR			2.2 NAM							
STREET ADDRESS	2333 HAWTHORNE DR					ADDRESS					
CITY-ST-ZIP	CLEARWATER, FL 33515			2. 4 C/T							
TITLE	T		DELFTE	3.1 1171		, · ZII			Change	Addition	
NAME	COLE, ELLEN J			3.2 NAV					3-		
STREET ADDRESS	5911 APPLECROSS ST, N					ADDRESS					
CITY-ST-ZIP	ST PETERSBURG, FL 33709	l		3 4. CIT							
TITLE			DELETE	41 111					Change	Addilio	
NAME				4 2 NA							
STREET ADDRESS				4.B S1R	EE1 #	ADDRESS					
CITY-ST-ZIP				4.4 CIT							
TITLE			DELETE	5.1 TITL					Change	Additio	
NAME				5.2 NAM	ΛE						
STREET ADDRESS				5.3 STR	EET A	ADDRESS					
CITY-ST-ZIP				5.4 CIT	Y - ST	- ZIP					
TITLE			DELETE	6.1 1114	.E				Change	Additio	
NAME				6.2 NAM	ΛE	-					
STREET ADDRESS				6.3 STR	EET /	ADDRESS					
CITY-ST-ZIP				6.4 CIT	y-st	1-ZIP					
44 Ldo borol	by certify that the information supp	lied with this	filing does not qua	lify for the c	эхег	nption state	ed in Section 119.07(3)(i), Florida Statute	s. I furthe	r certify tha	at the	
intormatio I am an o appears i	on indicated on this annual report to officer or director of the corporation in Block 12 or Block 13 if changed	or the recei or the recei or en en at	itili annual report is ver or trustee empo lachment with an	wered to ex	(801	ute this rep	nat my signature shall have the same lega port as required by Chapter 607, Florida S	ii enect at Statutes; a	nd that my	inder oatn; th / name	