FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

1995 APR -5 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300001451033
-04/07/95--01089--012
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

DOCUMENT # 755293 (8)

1. Corporation Name

GOOD SAMS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
6602 PRINCE AVE C/O CLAYTON SHANER SEBRING FL 33872	6602 PRINCE AVE C/O CLAYTON SHANER SEBRING FL 33872

3. Date Incorporated or Qualified: 11/25/1980
3a. Date of Last Report: 02/08/1994
4. FEI Number: 23-7242521 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business: 21 7455 S. THRESHOLD POINT
22 Suite, Apt. #, etc.
23 City & State: HOMOSASSA, FL
24 Zip: 34446 25 Country

2a. Mailing Address: 26 P.O. BOX 3509
27 Suite, Apt. #, etc.
28 City & State: HOMOSASSA SPRINGS, FL
29 Zip: 34447 30 Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHANER CLAYTON L
6602 PRINCE AVENUE
SEBRING FL 33872

10. Name and Address of New Registered Agent

81 Name: FRANK TREADWELL
82 Street Address (P.O. Box Number not acceptable): 7455 S. THRESHOLD POINT
83 City: HOMOSASSA SPRINGS 84 FL 85 Zip Code: 3444-7

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: Frank Treadwell 2/2/95
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	
TITLE	VD	1.1 TITLE	VD ☒ Change ☐ Addition
NAME	MESSERVEY, JOSEPH	1.2 NAME	PAUL OTTO
STREET ADDRESS	DRAWER E	1.3 STREET ADDRESS	RT. 2 - BOX 269E
CITY-ST-ZIP	LAKE GENEVA FL	1.4 CITY-ST-ZIP	KETSTONE HEIGHTS, FL 32656
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	SHANER, MARY	2.2 NAME	
STREET ADDRESS	6602 PRINCE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	JONES, JULIA	3.2 NAME	
STREET ADDRESS	P.O. BOX 6433-3417 N.W. 120TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	☒ Change ☐ Addition
NAME	SHANER, CLAYTON	4.2 NAME	P
STREET ADDRESS	6602 PRINCE AVENUE	4.3 STREET ADDRESS	FRANK TREADWELL
CITY-ST-ZIP	SEBRING FL	4.4 CITY-ST-ZIP	7455 THRESHOLD PT.
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	HOMOSASSA, FL
STREET ADDRESS		5.3 STREET ADDRESS	34446
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	ay
STREET ADDRESS		6.3 STREET ADDRESS	4-5
CITY-ST-ZIP		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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Julia Jones TD Julia Jones 2/7/95 941-629-3063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0089367