

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 # **F34466** (5)
1. Corporation Name

HOLIDAY R.V. RENTAL/LEASING, INC.



Principal Place of Business: **7851 GREENBRIAR PKWY ORLANDO FL 32819**
Mailing Address: **7851 GREENBRIAR PKWY ORLANDO FL 32819**

3. Date Incorporated or Qualified: **05/12/1981**
3a. Date of Last Report: **01/23/1995**
4. FEI Number: **59-2091982**
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 liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**KINDLUND, JOANNE M
7851 GREENBRIAR PKWY
ORLANDO FL 32819**

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: _____ (NOTE: Registered Agent signature required when making change) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KINDLUND, NEWTON C	
STREET ADDRESS	280 STIRLING AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	KINDLUND, JOANNE M	
STREET ADDRESS	280 STIRLING AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HITT, FRANKLIN J.	
STREET ADDRESS	2348 HUNTERFIELD RD.	
CITY-ST-ZIP	MAITLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JAMES P.	
STREET ADDRESS	615 N. WYMORE RD.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCALHANEY, W. HARDEE	
STREET ADDRESS	3701 SEDGEWICK PLACE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KATZ, LAWRENCE H.	
STREET ADDRESS	341 N. MAITLAND AVE., STE. 120	
CITY-ST-ZIP	MAITLAND FL	

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 supplementary 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: *Newton C. Kindlund*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/96 (407)
363-9211
Date: _____ Daytime Phone: _____

CR2E034 (12/95)