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05-16-2001 90359 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 2001		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F64865**

1. Corporation Name

OCEAN GROVE R/V SALES, INC.

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Principal Place of Business % EDWARD J SCHNEIDER 4225 A1A SOUTH ST AUGUSTINE FL 32084	Mailing Address % EDWARD J SCHNEIDER 4225 A1A SOUTH ST AUGUSTINE FL 32084
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1982

2. Principal Place of Business

21 **6775 US#1 SOUTH**

Suite, Apt. #, etc.

22 City & State

23 **ST AUGUSTINE FLA.**

Zip Country

24 **32086**

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip Country

29 **32080**

30

4. FEI Number

59-1969041

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

SCHNEIDER, EDWARD J
4225 A1A SOUTH
ST AUGUSTINE FL 32084

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
32080

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

Edward J. Schneider Pres.

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/2001

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **SCHNEIDER, EDWARD J.**

STREET ADDRESS **4225 A1A SO.**

CITY-ST-ZIP **ST AUGUSTINE, FL 00000**

TITLE **DV** ☐ DELETE

NAME **TIBBITTS, TOM E**

STREET ADDRESS **4225 A1A SO.**

CITY-ST-ZIP **ST AUGUSTINE, FL 00000**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Additi

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Additi

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Additi

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Additi

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Additi

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Additi

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

Edward J. Schneider Pres.

Date

4/25/2001 **904-471-3414**

Daytime Phone #