

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 18 1997 8:00am
Secretary of State

DOCUMENT # **F96000000737 (4)**

1. Corporation Name

GOLD CROWN CAMPERS MANUFACTURING CO., INC.

Principal Place of Business

RT 4, BOX 46
ATMORE AL 36502

Mailing Address

RT 4, BOX 46
ATMORE AL 36502

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1996

3a. Date of Last Report

2. Principal Place of Business

21 4607 N. PALAFOX ST.
Suite, Apt. #, etc.

2a. Mailing Address

26 4507 N. PALAFOX ST.
Suite, Apt. #, etc.

4. FEI Number

63-0648695

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 or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

City & State

23 PENSACOLA, FL

City & State

28 PENSACOLA, FL

Zip

24 32505

Country

25 U.S.A.

Zip

29 32505

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

NANNY, WILLIAM
4507 N. PALAFOX
PENSACOLA FL 32505

10. Name and Address of New Registered Agent

81 Name

EARL W. WYNN

82 Street Address (P.O. Box Number is Not Acceptable)

1101 Bloodworth LN.

83

84 City

PENSACOLA

FL

85 Zip Code

32504

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

Earl W. Wynn

9-6-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME YODER, JOHN
STREET ADDRESS 201 14TH AVE
CITY-ST-ZIP ATMORE AL 36502

TITLE ☐ DELETE

ST
NAME YODER, BRENDA
STREET ADDRESS 201 14TH AVE
CITY-ST-ZIP ATMORE AL 36502

TITLE ☒ DELETE

V
NAME YODER, PAUL
STREET ADDRESS 815 MEADOW DR
CITY-ST-ZIP ATMORE AL 36502

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 ☐ Addition

President
Yoder John
301 Brookwood Rd.
Atmore, AL 36502

2.1 TITLE ☒ Change ☐ Addition

Vice President S/T
Yoder Brenda
301 Brookwood Rd.
Atmore, AL 36502

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Earl W. Wynn

Earl W. Wynn

9-12-97

334-368-8396

CR2E034 (4/97)