FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR -6 AM 6:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G00809 (5)

1. Corporation Name
LEISURE TYME RV, INC.

Principal Place of Business	Mailing Address
1490 HWY 98 W MARY ESTHER FL 32569	1490 HWY 98 W MARY ESTHER FL 32569

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/21/1982**
3a. Date of Last Report: **02/28/1994**

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

4. FEI Number: **59-2222681** ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

FLEET, H BART
1201 EGLIN PKWY
SHALIMAR 32579

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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 (Signature of current registered agent if registered agent is to be changed) DATE (Registered Agent's signature required after reinstatement) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE		☐ Change ☐ Addition
NAME	HILL, STEVEN R	12 NAME		
STREET ADDRESS	20 RIDGE LAKE DR	13 STREET ADDRESS		
CITY ST ZIP	MARY ESTHER, FL 00000	14 CITY ST ZIP		
TITLE	ST	21 TITLE		☐ Change ☐ Addition
NAME	HILL, GAYLE A	22 NAME		
STREET ADDRESS	20 RIDGE LAKE DR	23 STREET ADDRESS		
CITY ST ZIP	MARY ESTHER, FL 00000	24 CITY ST ZIP		
TITLE	P	31 TITLE		☐ Change ☐ Addition
NAME	DAVIS, BURTON A	32 NAME		
STREET ADDRESS	314 HOLLYWOOD BLVD	33 STREET ADDRESS		
CITY ST ZIP	FT WALTON BCH., FL 00000	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	DAVIS, HELEN J	42 NAME		
STREET ADDRESS	314 HOLLYWOOD BLVD	43 STREET ADDRESS		
CITY ST ZIP	FT WALTON BCH., FL 00000	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gayle A. Hill 4/3/95 704-581-0880
(SIGNATURE AND TYPED OR PRINTED NAME OF BOWING OFFICER OR DIRECTOR) Gayle A. Hill (Date) (Daytime Phone #)

04/0000 FP