FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

| DOCUM | | 62 (5) | 1 | | | | | | |
|---|--|-------------------------------------|---|-----------------------|--|--|------------------------|---------------------------|-----------------|
| | ALET CAMPER SALES, INC | , | | |) 1004114 \$400 11800 11161 \$411\$ \$ | IN A II AI BIA II T | | ni Bibis Bibn 19 0 | |
| | | | | | | | | | |
| Principal Place o | of Business | I INTAIN TOUR INTER INTER COLUMN | | 1911 41411 914 |) | • | | | |
| % ROGER D. PARKER 5639 HIGHWAY 231 PANAMA CITY FL 32404 | | 5639 HIGHWAY 231 | % ROGER D. PARKER 5639 HIGHWAY 231 PANAMA CITY FL 32404 | | | 1 | | | 1 |
| Triumin V | III FE VETOF | | | | 3. Date Incorporated or Qualified 12/15/1982 | 1 | of Last Re 04/12/19 | • | |
| 2. Principal Place of Business 2a. | | 2a. Mailing Address | Mailing Address | | 4, FEI Number | _L | | pplied For | - |
| 21 26 | | | | | 59-2273032 Not A | | lot Applicable | | |
| Suite, Apt. #, etc. 27 | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | |
| City & State | | City & State | City & State | | 6. Election Campaign Financing Trust Fund Contribution | | | May Be | |
| 23 Z ₍₁₎ | Country | Zip | Countr | | 8. This corporation has lability for i | ntangible ta | | | |
| 24 25 29 | | 29 | 30 | | Florida Statutes | | | | |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New R | egistered / | \gent | | |
| | | | 8 | Name | | | | | |
| PARKE | R, ROGER D. | | 8: | Street Add | ress (P.O. Box Number is Not Acceptab | le) | | | - 1 |
| | IWY. 231 | | 8: | 1 | | | | | |
| PANAN | MA CITY FL 32404 | |] B. | ' | | | | | |
| | | | 84 City | | | FL | 85 Zip | Code | |
| 11 Pursuant to | the gravisions of Sections 607 0502 | and 607,1508. Florida Statut | es, the above | named corpo | oration submits this statement for the pur | pose of cha | naina its re | egistered offic | e l |
| or registere | d agent, or both in the State of Florid i, and accept the obligations of, Section | a. Such change was authoriz | red by the cor | poration's boa | ard of directors. I hereby accept the appo | pintment as | registered | agent. I am | |
| | i, and accept the obligations of, seem | or por .coo, r londer olerate. | | | | | | | |
| SIGNATURE _ S | Squation , typed or printed name of registered ages to | nd the dapplicable (N/ | FE Repotered Ag | ent Signature require | ed when remst dings | DATE | | | (<u>G</u> |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFF | | | | CR2E034 (12/95) |
| 7-11.6 | DP | ☐ DEFE1E | I 1 TITE | | | L |] Change | Addition | 1 |
| NAME | PARKER, ROGER D. | | 1.2 NAMI | 1 | | | | | 엉 |
| STREET ADDRESS | 5639 HIGHWAY 231 | | 1.3 STREET ADDRESS | | | | | | 빙 |
| C11Y-ST-7iP | PANAMA CITY FL | MA CITY FL | | S1 - ZIP | | | 7 Change | Addition | ⊣5 |
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| STREET ACORESS | PARKER, KENNETH | • | 2.2 NAME 2.3 STREET ADDRESS | | | | | | ļ |
| CITY ST ZIP | 5639 HIGHWAY 231 PANAMA CITY FL | | 2 4 CITY - ST - ZIP | | | | | | 1 |
| 10106 | DV | DELETE | 3 1 TITL | | | | Change | Addition | { |
| NAME | PARKER, PAMELA J. | | 3.2 NAM | | | | | | |
| STREET ADDRESS | | | 3.3 STH | ET ADDRESS | | | | | |
| CITY - ST ZIP | PANAMA CITY FL 3 | | 3.4 CHY | · ST - ZIP | | | <u></u> | | _ |
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| SPREET ALORESS | | | • | ET ADDRESS | | | | | |
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| 7111.6 | | ☐ DELEJE | 5 1 TOL | | | L |] Change | Addition | |
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| STREET ADDRESS | 35 | | | ET ADDRESS | | | | | |
| CHY-ST-ZIP THUE | | | | - S1 - ZIP | | г | Change | Addition | |
| NAME | | | 6 1 TITLE 62 NAME | | | | | _ | |
| STREET ADDRESS | | | | ET ADDRESS | | | | | |
| CITY - \$1 - ZIP | | | 6 4 C.TY | | | | | | |
| 14. I do hereby | certify that the information supplied v | vith this filing is voluntarily fur | | | for the exemption stated in Section 119 | .07(3)(k), Flo | rida Statut | es. I further | _ |

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. Flurther 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 cartry that I am an officer or director of the corporation or the receiver or truther 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 addiress.

SIGNATURE:

MATURE MAD VIPED OF PRINTED NAME OF SIGNING OFFICER OF GIRECTOR

1129/96 769/0894