FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name G14047

LEISURE TYME RV RENTALS, INC.

FILED Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90022 003 ***150.00



⊟Principal Plac	ce of Business	Mailing Address	-			- I (BEDIKI) OODE INDII OCUIT EURIK OODII EUUL OCUIT ONUK	ASBOT KINDI NO	III QIQIC ICOL	
1490 HWY 98	w	1490 HWY 98 W							
MARY ESTER FL 32569		MARY ESTER FL 32569							
						DO NOT WRITE IN THIS SE	ACE		
						3. Date Incorporated or Qualifed		1	
2 Data dia at 5	Place of Dusings	20 Moiling Add	·			12/20/1982			
	Place of Business	2a. Mailing Address				4. FEI Number	<u> </u>	lied For	
21 Suite Ast	# otc	Suite Apt # etc				59-2297960		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Ad Fee Req		
City & Sta	to	City & State							
	t o	⊢ ′				6. Election Campaign Financing	\$5.00 N	, ,	
Zip	Country	28	Zip Country			Trust Fund Contribution	Added to	rees	
24	25 29 30			y					
24	9. Name and Address of Current		30			Personal Property Tax. 10. Name and Address of New Registered Age			
	3. Name and Address of Current	London Line Land		81	Name	Italiia diin vadiess ni ilam vadisialad Ağı	v. et		
FLF	ET. H BART								
120	1 EGLIN PKWY	***	82 Street Add			dress (P.O. Box Number is Not Acceptable)			
	NLIMAR, 32579	83				* * * * * * * * * * * * * * * * * * *			
J	American and American and]"	•				
	•			84	City		35 Zip Co	ode	
144.5	T. 46 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	- 1007 1500 55 11 51		لـــا		FL \			
office or i	registered agent, or both, in the State of	f Florida. Such change was a	uthorized	i by t	the corporation	ration submits this statement for the purpose of cha n's board of directors. I hereby accept the appointm	inging its re ent as real	egistered stered	
agent. I a	am familiar with, and accept the obligation	ons of, Section 607.0505, Flo	rida Stati	utes.			5.		
SIGNATURE									
12.	Signature, typed or printed name of registered agent			Agent	signature required s			IC IN 12	
TITLE	OFFICERS AND	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND I	Change	Addition	
	ST		1.1 111		1	· (*)	1 change	☐ vagindu	
NAME	HILL, STEVEN R.							I	
			1.2 NA					- 1	
STREET ADDRESS	20 RIDGELAKE		1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	20 RIDGELAKE MARY ESTHER FL	The second	1.3 ST 1.4 CF	REET /			7.0		
CITY-ST-ZIP	20 RIDGELAKE MARY ESTHER FL P	☐ DELETE	1.3 ST 1.4 CF 2.1 TF	REET / TY-ST- TLE] Change	Addition	
CITY-ST-ZIP TITLE NAME	20 RIDGELAKE MARY ESTHER FL P HILL, GAYLE A.	☐ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 NA	REET / TY-ST- TLE JME	ZIP] Change	Addition	
CITY-ST-ZIP	20 RIDGELAKE MARY ESTHER FL P HILL, GAYLE A. 20 RIDGELAKE	☐ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 NA	REET / TY-ST- TLE JME] Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	20 RIDGELAKE MARY ESTHER FL P HILL, GAYLE A.		1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF	REET/ TY-ST- TLE ME REET/ TY-ST	ADDRESS				
CITY-ST-ZIP TITLE NAME STREET ADDRESS	20 RIDGELAKE MARY ESTHER FL P HILL, GAYLE A. 20 RIDGELAKE MARY ESTER FL	☐ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST	REET/ TY-ST- TLE ME REET/ TY-ST	ADDRESS] Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	20 RIDGELAKE MARY ESTHER FL P HILL, GAYLE A. 20 RIDGELAKE		1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF	REET/ TY-ST- TLE ME REET/ TY-ST	ADDRESS				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	20 RIDGELAKE MARY ESTHER FL P HILL, GAYLE A. 20 RIDGELAKE MARY ESTER FL		1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA	REET/ TLE IME REET/ TY-ST TLE	ADDRESS				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	20 RIDGELAKE MARY ESTHER FL P HILL, GAYLE A. 20 RIDGELAKE MARY ESTER FL		1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA	REET/ IY-ST- ILE ME REET/ IY-ST ILE ME	ADDRESS - ZIP ADDRESS				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	20 RIDGELAKE MARY ESTHER FL P HILL, GAYLE A. 20 RIDGELAKE MARY ESTER FL		1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA 3.3 ST	REET/ ILE ME REET/ TY-ST TLE ME REET/ TY-ST	ADDRESS - ZIP ADDRESS] Change		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	20 RIDGELAKE MARY ESTHER FL P HILL, GAYLE A. 20 RIDGELAKE MARY ESTER FL	DELETE	1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 CT 3.1 TT 3.2 NA 3.3 ST 3.4, CT	REET/ IY-ST- ILE ME REET/ ILE ME REET/ IT-ST LE	ADDRESS - ZIP ADDRESS] Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	20 RIDGELAKE MARY ESTHER FL P HILL, GAYLE A. 20 RIDGELAKE MARY ESTER FL	DELETE	1.3 ST 1.4 CFT 2.1 TFT 2.2 NA 2.3 ST 2.4 CFT 3.1 TFT 3.2 NA 3.3 STT 3.4 CFT 4.1 TFT 4.2 NA	REET / IY-ST- ILE REET / IY-ST ILE ME REET / IY-ST ILE ME REET / IY-ST ILE AME	ADDRESS - ZIP ADDRESS] Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	20 RIDGELAKE MARY ESTHER FL P HILL, GAYLE A. 20 RIDGELAKE MARY ESTER FL	DELETE	1.3 ST 1.4 CT 2.1 TTI 2.2 NA 2.3 TTI 3.2 NA 3.3 STI 3.4 CT 4.1 TTI 4.2 NA 4.3 STI	REET/ ITY-ST- ILE MME REET/ ITY-ST ILE REET/ ITY-ST ILE	ADDRESS ADDRESS ADDRESS ADDRESS] Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	20 RIDGELAKE MARY ESTHER FL P HILL, GAYLE A. 20 RIDGELAKE MARY ESTER FL	DELETE	1.3 ST 1.4 CFT 2.1 TFT 2.2 NA 2.3 ST 2.4 CFT 3.1 TFT 3.2 NA 3.3 STT 3.4 CFT 4.1 TFT 4.2 NA	REET / IY-ST- ILE REET / ILE ME REET / IY-ST LE AME REET / IY-ST- IY-ST-	ADDRESS ADDRESS ADDRESS ADDRESS] Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	20 RIDGELAKE MARY ESTHER FL P HILL, GAYLE A. 20 RIDGELAKE MARY ESTER FL	☐ DELETE	1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 CC 3.1 TT 3.2 NA 3.3 ST 3.4 CC 4.1 TT 4.2 NA 4.3 ST 4.4 CT	REET / IY-ST- ILE REET / ILE REET / ITY-ST ILE REET / ITY-ST ILE REET / ITY-ST- ILE	ADDRESS ADDRESS ADDRESS ADDRESS] Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	20 RIDGELAKE MARY ESTHER FL P HILL, GAYLE A. 20 RIDGELAKE MARY ESTER FL	☐ DELETE	1.3 ST 1.4 CT 2.1 TTI 2.2 NA 2.3 ST 2.4 CT 3.1 TTI 3.2 NA 3.3 ST 4.1 TTI 4.2 NA 4.3 STI 4.4 CTI 5.1 TTI 5.2 NA	REET/ ILE REET/ ITY-ST ILE REET/ ITY-ST LE AME REET/ ITY-ST- LE ITY-ST- LE	ADDRESS ADDRESS ADDRESS ADDRESS] Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	20 RIDGELAKE MARY ESTHER FL P HILL, GAYLE A. 20 RIDGELAKE MARY ESTER FL	☐ DELETE	1.3 ST 1.4 CT 2.1 TTI 2.2 NA 2.3 ST 2.4 CT 3.1 TTI 3.2 NA 3.3 ST 4.1 TTI 4.2 NA 4.3 STI 4.4 CTI 5.1 TTI 5.2 NA	REET/ ITY-ST- ILE ME REET/ ILE	ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP] Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	20 RIDGELAKE MARY ESTHER FL P HILL, GAYLE A. 20 RIDGELAKE MARY ESTER FL	☐ DELETE	1.3 ST 1.4 CT 2.1 TTI 2.2 NA 2.3 ST 2. 4 CT 3.1 TTI 3.2 NA 3.3 ST 4.1 TTI 4.2 NA 4.3 STI 4.4 CTI 5.1 TTI 5.2 NA 5.3 STI	REET/ ITY-ST- ILE ME REET/ ILE ME REET/ LE REET/ LE ME REET/ IY-ST- LE	ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP] Change	Addition Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	20 RIDGELAKE MARY ESTHER FL P HILL, GAYLE A. 20 RIDGELAKE MARY ESTER FL	☐ DELETE	1.3 ST 1.4 CT 2.1 TTI 2.2 NA 2.3 ST 2.4 CT 3.1 TTI 3.2 NA 3.3 ST 4.1 TTI 4.2 NA 4.3 STI 4.4 CTI 5.2 NA 5.3 STI 5.2 NA 5.3 STI 5.4 CTI 5.4 CTI 5.4 CTI 5.4 CTI 5.4 CTI 5.4 CTI 5.4 CTI 5.5 CTI 5.6 CTI 5.6 CTI 5.7	REET/ ITY-ST- ILE MME REET/ ITY-ST- ILE MME REET/ ITY-ST- ILE MME REET/ ITY-ST- ILE MME REET/ ITY-ST- ILE	ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP] Change	Addition	

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: