

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 9: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001481581
-05/09/95--01128--016
***200.00 ***200.00
DO NOT WRITE IN THIS SPACE.

DOCUMENT # **G26207** (2)
1. Corporation Name
GREEN ACRES R.V. CENTER, INC.

Principal Place of Business Mailing Address
12720 U.S. HIGHWAY 92 12720 U.S. HIGHWAY 92
DOVER FL 33527 DOVER FL 33527

3. Date Incorporated or Qualified 03/02/1983
3a. Date of Last Report 03/25/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2265494	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27		<input type="checkbox"/>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23		28		<input type="checkbox"/>	
24	Zip	25	Country	29	30
				3. This corporation has liability for intangible tax under § 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Name and Address of Current Registered Agent

DUMKE, CONRAD L.
12720 U.S. HIGHWAY 92
DOVER FL 33527

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	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 (Use 11 printed name of registered agent and the filer, if applicable)

2420E Registered Agent (signature required when remaining)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUMKE, CONRAD L.	12 NAME	
STREET ADDRESS	12720 U.S. HWY 92	13 STREET ADDRESS	
CITY ST ZIP	DOVER FL	14 CITY ST ZIP	
TITLE	V	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUMKE, SCOT L.	22 NAME	
STREET ADDRESS	12720 U.S. HWY 92	23 STREET ADDRESS	
CITY ST ZIP	DOVER FL	24 CITY ST ZIP	
TITLE	S	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUMKE, NEODA	32 NAME	
STREET ADDRESS	12720 U.S. HWY 92	33 STREET ADDRESS	
CITY ST ZIP	DOVER FL	34 CITY ST ZIP	
TITLE	T	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUMKE, CHAD C.	42 NAME	
STREET ADDRESS	12720 U.S. HWY 92	43 STREET ADDRESS	
CITY ST ZIP	DOVER FL	44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), Florida Statutes. I further certify that the information indicated on the 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 recipient of funds empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

715, 5/8/95
Sgt. Dumke 4/26/95 (P. 555-0002)