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 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G37374 (7)

1. Corporation Name
RECREATIONAL CONCEPTS INTERNATIONAL, INC.

Principal Place of Business
3123 W. COLONIAL DR.
P.O. BOX 536176
ORLANDO FL 32853-3176

Mailing Address
3123 W. COLONIAL DR.
P.O. BOX 536176
ORLANDO FL 32853-3176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1983
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 402 S. North Lake Blvd.,
Suite, Apt #, etc
22 Suite 1004
City & State
23 Altamonte Springs, FL
Zip 24 32701 Country 25 USA

2a. Mailing Address
26 402 S. North Lake Blvd.,
Suite, Apt #, etc
27 Suite 1004
City & State
28 Altamonte Springs, FL
Zip 29 32701 Country 30 USA

4. FEI Number: 59-2835265 ☐ 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

WAYSON, DUAKE W.
402 S NOUTHLAKE BLVD
SUITE 1004
ALTAMOUTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name: Wayson, Drake W.
82 Street Address (P.O. Box Number is Not Acceptable): 402 S. North Lake Blvd., Suite 1004
83
84 City: Altamonte Springs, FL 85 Zip Code: 32701

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

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WAYSON, GEORGE
STREET ADDRESS	470 MANOR ROAD
CITY-ST-ZIP	MAITLAND, FL 00000
TITLE	DS
NAME	WAYSON, JAYNE D.
STREET ADDRESS	470 MANOR RD
CITY-ST-ZIP	MAITLAND FL
TITLE	DVT
NAME	WAYSON, DRAKE W.
STREET ADDRESS	450 MANOR RD
CITY-ST-ZIP	MAITLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with the 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: [signature] PRESIDENT 4/27/95 407-260-5511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Drake W. Wayson | DATE | TELEPHONE #

0418500 FP