## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Morth≥m Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (0) P.V.'S R.V. SERVICE, INC. Mailing Address Principal Place of Business P.O. BOX 2128 731 SW 28TH AVE MINOT N. 58702-2128 BOYNTON BEACH FL 33435-7822 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/25/1987 4. FEI Number Applied For 59-2787744 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be. 6. Election Campaign Financing Added to Feet Trust Fund Contribution 23 Country USA 8. This corporation owes or has paid the current year Intantible Personal Property Tax due June 30. Yes 12 No O 25 USA 29 Name and Address of Current Registered Agent Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name O'NEILL, P. VERN 731 SW 28TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33435** 83 84 Zip Code City 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 (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Addition Change DELETE 1.1 TITLE TITLE O'NEILL, P. VERN 1.2 NAME NAME 721-3-W-28THTAVE STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST- ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST- ZIP CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CHY-S1-7IP CITY-ST-ZIP ☐ Change Addition DELETE TITLE 4.1 TIBLE NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE

14. Thereby 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.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 City - St - ZIP

Change

Addition

5.4 CITY - ST - ZIP

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP