

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J86792 (5)

1. Corporation Name

**RECREATIONAL FACTORY WAREHOUSE OF FT. LAUDERDALE
, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**5601 POWERLINE ROAD
FT LAUDERDALE FL 33309
US**

Mailing Address
**6333 N ORANGE BLOSSOM TAIL
SUITE 201
ORLANDO FL 32810-1271
US**

3. Date Incorporated or Qualified
08/04/1987

3a. Date of Last Report
02/16/1994

2. Principal Place of Business
21

2a. Mailing Address
26 3033 Mercy Dr.

4. FEI Number
59-2860408

Applied For
☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

City & State
23

City & State
28 Orlando, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

Zip
24

Country
25

Zip
29 32808

Country
30 Orange

8. This corporation has liability for intangible tax under S. 199.032.
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDGAR, CANDICE B.
6333 N ORANGE BLOSSOM TRAIL
SUITE 201
ORLANDO FL 32810-1271**

81 Name
**82 Street Address (P.O. Box Number is Not Acceptable)
3033 Mercy Dr.**

83
84 City Orlando FL 85 Zip Code 32808

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 typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
DC

NAME
DOEBLER, DONALD W.

STREET ADDRESS
6333 N. ORANGE BLSM TR

CITY- ST- ZIP
ORLANDO FL

11 TITLE
☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS
3033 Mercy Dr.

14 CITY- ST- ZIP
Orlando, FL 32808

TITLE
VST

NAME
EDGAR, CANDICE B.

STREET ADDRESS
6333 N ORANGE BLOSSOM TR

CITY- ST- ZIP
ORLANDO FL

21 TITLE
☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS
3033 Mercy Dr.

24 CITY- ST- ZIP
Orlando, FL 32808

TITLE
P

NAME
ECELBARGER, CRAIG V.

STREET ADDRESS
6333 N ORANGE BLOSSOM TR

CITY- ST- ZIP
ORLANDO FL

31 TITLE
☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS
3033 Mercy Dr.

34 CITY- ST- ZIP
Orlando, FL 32808

TITLE
V

NAME
DOEBLER, DAVID R

STREET ADDRESS
6333 N ORANGE BLOSSOM TRAIL #201

CITY- ST- ZIP
ORLANDO FL

41 TITLE
☒ Change ☐ Addition

42 NAME

43 STREET ADDRESS
3033 Mercy Dr.

44 CITY- ST- ZIP
Orlando, FL 32808

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

51 TITLE
☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

61 TITLE
☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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 110.07(3)(k), 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. Block 13 if changed, or on an attached report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Candice B Edgar, Vice President

4-25-95 (407)297-0141

Date

Telephone #