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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

* CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # J97617

(1)

1. Corporation Name

DICK GORE'S R.V. WORLD, INC.

Principal Place of Business

10834 LEM TURNER RD
JACKSONVILLE FL 32218

Mailing Address

10834 LEM TURNER RD
JACKSONVILLE FL 32218

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/14/1987

3a. Date of Last Report

04/15/1994

4. FEI Number

59-2853590

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 14590 Dual Place West

Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 14590 Dual Place West

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

8. Name and Address of Current Registered Agent

BEARDSLEY, DALE
225 WATERS STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP
GORE, RICHARD R
3237 ROGERO ROAD
JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DP
GORE, RICHARD J.
3235 ROGERS RD
JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ST
SLAINE, EDWARD
8380 CRAVEN ROAD
JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(4), 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 registered agent authorized 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:

Edward Slaine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95 904-741-5100