

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 29, 1996 08:00 AM
Secretary of State

DOCUMENT # **K34972** (5)

1. Corporation Name

RECREATION INVESTMENTS OF FLORIDA, INC.



Principal Place of Business

**1125 HIGHWAY 98 EAST
DESTIN FL 32541
US**

Mailing Address

**1125 HIGHWAY 98 EAST
DESTIN FL 32541
US**

3. Date Incorporated or Qualified
09/26/1988

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2919107

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

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

City & State

City & State

23

28

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

Zip

Country

Zip

Country

24

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29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NORWOOD, CRAIG
1125 HWY. 98 EAST
DESTIN FL 32541**

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 (if not applicable)

(NOTE: Registered Agent Signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD NORWOOD, CRAIG**
STREET ADDRESS **1125 HIGHWAY 98 EAST**
CITY - ST - ZIP **DESTIN FL**

TITLE ☐ DELETE
NAME **VD BARRETT, VICTOR L.**
STREET ADDRESS **1125 HWY 98 EAST**
CITY - ST - ZIP **PIGEON FORGE TN**

TITLE ☐ DELETE
NAME **VD ROCKWELL, DONNEL**
STREET ADDRESS **2300 GULF SHORES PKWY.**
CITY - ST - ZIP **GULF SHORES AL**

TITLE ☐ DELETE
NAME **TD ROEDER, MICHAEL**
STREET ADDRESS **2575 PARKWAY**
CITY - ST - ZIP **PIGEON FORGE TN**

TITLE ☐ DELETE
NAME **VD WILL, RITTNER**
STREET ADDRESS **2575 PARKWAY**
CITY - ST - ZIP **PIGEON FORGE TN**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Craig Norwood - **CRAIG NORWOOD**

4/20/96

404-837-3225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)