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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **K34972** **(5)**

1. Corporation Name
RECREATION INVESTMENTS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1125 HIGHWAY 98 EAST DESTIN FL 32541 US	1125 HIGHWAY 98 EAST DESTIN FL 32541-3304 US

3. Date Incorporated or Qualified: **09/26/1988**
3a. Date of Last Report: **04/29/1996**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt #, etc. (22):
Suite, Apt #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **59-2919107** ☐ 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	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 _____ DATE
Signature, Typed or Printed Name of Registered Agent and Title if Applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NORWOOD, CRAIG		1.2 NAME		
STREET ADDRESS	1125 HIGHWAY 98 EAST		1.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BARRETT, VICTOR L.		2.2 NAME		
STREET ADDRESS	1125 HWY 98 EAST		2.3 STREET ADDRESS		
CITY-ST-ZIP	PIGEON FORGE TN		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROCKWELL, DONNEL		3.2 NAME		
STREET ADDRESS	2300 GULF SHORES PKWY.		3.3 STREET ADDRESS		
CITY-ST-ZIP	GULF SHORES AL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROEDER, MICHAEL		4.2 NAME		
STREET ADDRESS	2575 PARKWAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	PIGEON FORGE TN		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WILL, RITTNER		5.2 NAME		
STREET ADDRESS	2575 PARKWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	PIGEON FORGE TN		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby 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.

SIGNATURE: _____ CRAIG NORWOOD 1/18/97 904-837-5726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #