

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # K93964 (0)

1. Corporation Name
RECREATIONAL FACTORY WAREHOUSE OF CHARLOTTE, INC



Principal Place of Business: **5112 CENTRAL AVE. CHARLOTTE NC 28205 US**

Mailing Address: **3033 MERCY DR. ORLANDO FL 32808 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 5122 Central Avenue
 Suite, Apt. #, etc.
22
 City & State
23 Charlotte, NC
 Zip Country
24 26205 25 US

2a. Mailing Address
26
 Suite, Apt. #, etc.
27
 City & State
28
 Zip Country
29 3033 Mercy Dr. 30 Orlando FL 32808 30 US

3. Date Incorporated or Qualified
06/08/1989

4. FEI Number
59-2969784

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
MOSES, PAUL W. II
MAGUIRE, VOORHIS & WELLS, P.A.
TWO SOUTH ORANGE PLAZA
ORLANDO FL 32802

10. Name and Address of New Registered Agent

81 Name
Jay Van Heyde

82 Street Address (P.O. Box Number is Not Acceptable)
Maguire, Voorhis & Wells, PA

83
200 So. Orange Avenue, Suite 3000

84 City
Orlando FL 85 Zip Code 32802

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 *Jay Van Heyde* **Jay Van Heyde, Esquire** **4/15/98**
Signature, typed or printed name of registered agent or officer, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VS	<input type="checkbox"/> DELETE
NAME	EDGAR, CANDICE B.	
STREET ADDRESS	3033 MERCY DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DOEBLER, DAVID R	
STREET ADDRESS	3033 MERCY DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I 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 a new address.

SIGNATURE: *Candice B. Edgar* **Candice B. Edgar** **(407) 210-2260**
Vice President

CR2E034 (10/97)