

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

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L52265** (0)

1. Corporation Name

RECREATIONAL SERVICES, INC.



Principal Place of Business

C/O GARY A. KASPEROWSKI
2866 JOBY COURT
PORT ST. LUCIE FL 34984

Mailing Address

C/O GARY A. KASPEROWSKI
2866 JOBY COURT
PORT ST. LUCIE FL 34984

3. Date Incorporated or Qualified

02/20/1990

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 **2340 SW Deepwood PASS**

26 **2340 SW Deepwood PASS**

4. FFI Number

65-0175607

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Palm City, FLA**

28 **Palm City, FLA**

24 Zip Country

29 Zip Country

34990 USA

34990 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KASPEROWSKI, GARY A.
2866 JOBY COURT
PORT ST. LUCIE FL 34984

81 Name

GARY A. KASPEROWSKI

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

2340 SW Deepwood PASS

83

84 City

Palm City

FL

85 Zip Code

34990

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 the corporation

Signature typed or printed name of registered agent and the corporation

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D KASPEROWSKI, GARY A.**
STREET ADDRESS **2866 JOBY COURT**
CITY-ST-ZIP **PORT ST. LUCIE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **GARY A. KASPEROWSKI**
1.3 STREET ADDRESS **2340 SW Deepwood PASS**
1.4 CITY-ST-ZIP **Palm City, FLA 34990**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 199.07(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:

GARY A. KASPEROWSKI 2/2/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name

CR2E034 (12/95)