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Mar 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L86530

(7)

1. Corporation Name

FANTASY MOTORCOACHES, INC.

Principal Place of Business

208 SOUTH RANGE STREET  
MADISON FL 32340-2438

Mailing Address

208 SOUTH RANGE STREET  
MADISON FL 32340-2438

3. Date Incorporated or Qualified

07/11/1990

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3019217

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

2. Principal Place of Business

21 Rt. 5 BOX 6115  
Suite, Apt #, etc.

22 MADISON  
City & State

23 FLORIDA  
City & State

24 32340  
Zip

25 USA  
Country

2a. Mailing Address

26 Rt. 5 BOX 6115  
Suite, Apt #, etc.

27 MADISON  
City & State

28 FLORIDA  
City & State

29 32340  
Zip

30 USA  
Country

9. Name and Address of Current Registered Agent

RAGANS, RONALD EDWARD  
208 SOUTH RANGE ST.  
MADISON FL

10. Name and Address of New Registered Agent

81 Name

Ronald EDWARD RAGANS

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

Rt. 5 BOX 6114

83

84 City

MADISON

FL

85 Zip Code

32340

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME RAGANS, RONALD EDWARD  
STREET ADDRESS 208 S. RANGE ST.  
CITY- ST- ZIP MADISON FL

TITLE ST  
NAME RAGANS, MARILYN F.  
STREET ADDRESS RT. 2 BOX 02  
CITY- ST- ZIP MADISON 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 PRESIDENT  
1.2 NAME Ronald EDWARD RAGANS  
1.3 STREET ADDRESS Rt. 5 BOX 6114  
1.4 CITY- ST- ZIP MADISON, FL. 32340

2.1 TITLE SEC. ITR.  
2.2 NAME MARILYN F. RAGANS  
2.3 STREET ADDRESS Rt. 5 BOX 6114  
2.4 CITY- ST- ZIP MADISON, FL. 32340

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

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:

Ronald EDWARD RAGANS, Ronald E. Ragans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/96)