

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # M69303

(9)

1. Corporation Name

REEL TALENT MOTORHOMES, INC.

Principal Place of Business

2776 STONEHEDGE CT. S.
JACKSONVILLE FL 32224

Mailing Address

2776 STONEHEDGE CT. S.
JACKSONVILLE FL 32224

APPROVED
AND
FILED

95 MAR 14 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/17/1988

3a. Date of Last Report

03/11/1994

4. FEI Number

65-0031914

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 15333 AMBERLY DR.

Suite, Apt. #, etc.

22

City & State

23 TAMPA, FL

Zip

24 33647

2a. Mailing Address

25 15333 AMBERLY DR.

Suite, Apt. #, etc.

27

City & State

28 TAMPA, FL

Zip

29 33647

Country

30 HILLSBOROUGH

9. Name and Address of Current Registered Agent

NOWRY, LEN

2776 STONEHEDGE CRT. S.
JACKSONVILLE FL 32224

10. Name and Address of New Registered Agent

81 Name

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

15333 AMBERLY DRIVE

83

84 City

TAMPA

FL

85 Zip Code

33647

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

NAME

ST
NOWRY, NANCY

STREET ADDRESS

2776 STONEHEDGE CRT. S.

CITY-ST-ZIP

JACKSONVILLE FL

TITLE

NAME

CP
NOWRY, LEN

STREET ADDRESS

2776 STONEHEDGE CRT. S.

CITY-ST-ZIP

JACKSONVILLE FL

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 ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15333 AMBERLY DRIVE

TAMPA, FL, 33647

2.1 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

15333 AMBERLY DRIVE

TAMPA, FL, 33647

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

Nancy Nowry
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY NOWRY

3/6/95

(813) 972-1725

Notary Public