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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:53

DOCUMENT # **M74115** **(0)**

1. Corporation Name
B'S R.V. RESORT, INC.

Principal Place of Business	Mailing Address
C/O GARY L. SUMMERS 380 W. ALFRED ST. TAVARES FL 32778	C/O GARY L. SUMMERS 380 W. ALFRED ST. TAVARES FL 32778

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1988
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business
21: 20260 Highway 27
22: Suite, Apt. #, etc.
23: City & State: Clermont, FL
24: Zip: 34711
25: Country: Lake

2a. Mailing Address
26: 20260 Highway 27
27: Suite, Apt. #, etc.
28: City & State: Clermont, FL
29: Zip: 34711
30: Country: Lake

4. FEI Number: 59-2882671 ☐ 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

SUMMERS, GARY L.
380 W. ALFRED ST.
TAVARES FL 32778

10. Name and Address of New Registered Agent

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	~~STD~~	11 TITLE		☐ Change ☐ Addition
NAME	~~BLANKENSHIP, HOMER L~~	12 NAME		
STREET ADDRESS	~~4605 CHENEY HWY, LOT #322P~~	13 STREET ADDRESS		
CITY-ST-ZIP	~~TITUSVILLE FL~~	14 CITY-ST-ZIP		
TITLE	~~PD~~	21 TITLE		☐ Change ☐ Addition
NAME	~~BLANKENSHIP, CYNTHIA G~~	22 NAME		
STREET ADDRESS	~~4605 CHENEY HGWY, LOT #322P~~	23 STREET ADDRESS		
CITY-ST-ZIP	~~TITUSVILLE FL~~	24 CITY-ST-ZIP		
TITLE	V	31 TITLE	DPT	☒ Change ☐ Addition
NAME	MCKEON, WILLIAM	32 NAME	MCKEON, WILLIAM A.	
STREET ADDRESS	20260 U.S. HWY 27	33 STREET ADDRESS	20260 U.S. HIGHWAY 27	
CITY ST ZIP	CLERMONT FL	34 CITY-ST ZIP	CLERMONT, FL 34711	
TITLE	VS	41 TITLE		☐ Change ☒ Addition
NAME	SCHOOLEY, PAUL L.	42 NAME		
STREET ADDRESS	20260 U.S. HIGHWAY 27	43 STREET ADDRESS		
CITY ST ZIP	CLERMONT, FL 34711	44 CITY-ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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)(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: WILLIAM A MCKEON 4-13-95 9044292117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061502 CP