

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

4-16-96 B-3018 C
(0)

DOCUMENT # M74115

1. Corporation Name

B'S R.V. RESORT, INC.



Principal Place of Business

C/O GARY L. SUMMERS
380 W. ALFRED ST.
TAVARES FL 32778

Mailing Address

C/O GARY L. SUMMERS
380 W. ALFRED ST.
TAVARES FL 32778

2. Principal Place of Business

21 20260 U.S. Highway 27

Suite, Apt. #, etc.

22 City & State

23 Clermont, Florida

24 Zip

34711

Country

25 U.S.

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 30

3. Date Incorporated or Qualified
03/28/1988

3a. Date of Last Report
05/01/1995

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

Signature typed or printed name of registered agent and the filer, if applicable.

(Note: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME ~~STD~~
STREET ADDRESS ~~BLANKENSHIP, HOMER L.~~
CITY-ST-ZIP ~~4505 CHENEY HWY, LOT #322R -~~
~~TITUSVILLE FL -~~

TITLE ☒ DELETE
NAME ~~PD~~
STREET ADDRESS ~~BLANKENSHIP, CYNTHIA G.~~
CITY-ST-ZIP ~~4505 CHENEY HWY, LOT #322R -~~
~~TITUSVILLE FL -~~

TITLE ☐ DELETE
NAME V
STREET ADDRESS MCKEON, WILLIAM
CITY-ST-ZIP 20260 U.S. HWY 27
CLERMONT FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VS
1.2 NAME Schooley, Paul L.
1.3 STREET ADDRESS 20260 U.S. Highway 27
1.4 CITY-ST-ZIP Clemont, Florida 34711
☐ Change ☐ Addition

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

3.1 TITLE PTD
3.2 NAME McKeon, William A.
3.3 STREET ADDRESS 20260 U.S. Highway 27
3.4 CITY-ST-ZIP Clemont, Florida 34711
☒ Change ☐ Addition

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

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

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

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: X

William A. McKeon

(352) 429-2116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)