

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46628

(6)

1. Corporation Name

GATOR RV CLUB, INC.

Principal Place of Business

3000 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

Mailing Address

3000 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/27/1991

3a. Date of Last Report
04/06/1994

4. FEI Number
NOT APPLICABLE

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AYCOCK, LYNDIA R.
3000 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P & D
SMITH, ALEXANDER
2601 UNIVERSITY BLVD. W
JACKSONVILLE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
D & P

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V & D
ADBERHOLD, MICHAEL
8640 MARIETTA MEADOWS CT
JACKSONVILLE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
D & U

700001464857
-04/26/95--01027--005
****130.00 ****130.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S & D
CREWS, GREGORY
311 W. DUVAL ST #206
JACKSONVILLE FL

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T & D
KELT, W. NEWBY
1801 WOODMERE DRIVE
JACKSONVILLE FL

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

W. Newby Kelt Treasurer

4/5/95

904-387-4727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. NEWBY KELT

TREASURER