

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **12/27/1991**  
3a. Date of Last Report: **04/20/1995**

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

4. FEI Number	Applied For
<b>NOT APPLICABLE</b>	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>AYCOCK, LYNDA R. 3000 INDEPENDENT SQUARE JACKSONVILLE FL 32202</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

*12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>P &amp; D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SMITH, ALEXANDER</b>		1.2 NAME		
STREET ADDRESS	<b>2601 UNIVERSITY BLVD. W</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>		1.4 CITY-ST-ZIP		
TITLE	<b>V &amp; D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ADBERHOLD, MICHAEL</b>		2.2 NAME		
STREET ADDRESS	<b>8840 MARIETTA MEADOWS CT</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>		2.4 CITY-ST-ZIP		
TITLE	<b>S &amp; D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CREWS, GREGORY</b>		3.2 NAME		
STREET ADDRESS	<b>311 W. DUVAL ST #206</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>		3.4 CITY-ST-ZIP		
TITLE	<b>T &amp; D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KELT, W. NEWBY</b>		4.2 NAME		
STREET ADDRESS	<b>1801 WOODMERE DRIVE</b>		4.3 STREET ADDRESS	<b>500001799405</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>		4.4 CITY-ST-ZIP	<b>-04/29/96--01089--010</b>	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME	<b>***61.25</b>	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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 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 4/4/96 904-387-4727  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

PM 4-29-96