CORPORATION ANNUAL REPORT 1995

Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47048 (6)

1. Corporation Name
EL DORADO CARAVAN CLUB, INC.

Principal Place of Business	Mailing Address
15012 JOHANSSON AVE HUDSON FL 34667	15012 JOHANSSON AVE HUDSON FL 34667

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1992
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-3114199 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BYRNE, FRANCIS
15012 JOHANSSON AVE
HUDSON FL 34667

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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BYRNE, FRANCIS	1.2 NAME	
STREET ADDRESS	15012 JOHANSSON AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	BYRNE, JEAN	2.2 NAME	
STREET ADDRESS	15012 JOHANSSON AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	DOBSON, HERSCHEL	3.2 NAME	
STREET ADDRESS	2011 SHAWNEE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY KS	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	EBEL, DOYLE	4.2 NAME	
STREET ADDRESS	274 PONDEROSA CITY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY TX	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MURPHY, DOUG	5.2 NAME	
STREET ADDRESS	708 W CRESTLAND DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	DRAPER, MILFORD	6.2 NAME	
STREET ADDRESS	1655 16TH RD NE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON KS	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: Francis Byrne FRANCIS BYRNE 4-26-95 813-868-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067850