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FILED

May 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N47048****(6)**

1. Corporation Name

EL DORADO CARAVAN CLUB, INC.

Principal Place of Business

**15012 JOHANSSON AVE
HUDSON FL 34667**

Mailing Address

**15012 JOHANSSON AVE
HUDSON FL 34667-3843**3. Date Incorporated or Qualified
01/28/19923a. Date of Last Report
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BYRNE, FRANCIS
15012 JOHANSSON AVE
HUDSON FL 34667**

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 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

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 ☐ DELETE
NAME **PD**
STREET ADDRESS **BYRNE, FRANCIS**
CITY - ST - ZIP **15012 JOHANSSON AVE
HUDSON FL**TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **BYRNE, JEAN**
CITY - ST - ZIP **15012 JOHANSSON AVE
HUDSON FL**TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **DOBSON, HERSCHEL**
CITY - ST - ZIP **2011 SHAWNEE DR
KANSAS CITY KS**TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **EBEL, DOYLE**
CITY - ST - ZIP **274 PONDEROSA CITY
MONTGOMERY TX**TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MURPHY, DOUG**
CITY - ST - ZIP **708 W CRESTLAND DR
AUSTIN TX**TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **DRAPER, MILFORD**
CITY - ST - ZIP **1855 18TH RD NE
BURLINGTON KS**1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joan Byrne* **JOAN BYRNE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4-27-97 813-868-6700
Date Daytime Phone # 0068274

CR2E037 (9/96)