FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001539 (5)

1. Corporation Name

BONFIRE RENTAL MOBILE HOMEOWNERS INC.

Principal Place of Business	Mailing Address
97 JODI AVE. LEESBURG FL 34788	97 JODI AVE. LEESBURG FL 34788

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1994
3a. Date of Last Report:
4. FEI Number: 59-3234327 ☐ 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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DROLSHAGEN, DONALD
97 JODI AVE.
LEESBURG FL 34788

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 _____ April 29 1995
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	DP	1.1 TITLE	D	☐ Change ☒ Addition
NAME	DROLSHAGEN, DONALD	1.2 NAME	Carson Puckett	
STREET ADDRESS	97 JODI AVE.	1.3 STREET ADDRESS	396 Kristi Dr.	
CITY-ST-ZIP	LEESBURG FL 34788	1.4 CITY-ST-ZIP	Leesburg, Fl. 34788	
TITLE	DV	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	FLEARMAN, ROBERT	2.2 NAME	Vince Ginley	
STREET ADDRESS	685 CINDI AVE.	2.3 STREET ADDRESS	561 Tammi Dr.	
CITY-ST-ZIP	LEESBURG FL 34788	2.4 CITY-ST-ZIP	Leesburg, Fl. 34788	
TITLE	DS	3.1 TITLE	DS	☒ Change ☐ Addition
NAME	OLIVIERA, ARTHUR	3.2 NAME	Gwendolyn Woods	
STREET ADDRESS	679 LORI DR.	3.3 STREET ADDRESS	511 Kimberley	
CITY-ST-ZIP	LEESBURG FL 34788	3.4 CITY-ST-ZIP	Leesburg, Fl. 34788	
TITLE	D	4.1 TITLE	DT	☒ Change ☐ Addition
NAME	DROLSHAGEN, JOANNE	4.2 NAME	Doris Harlan	
STREET ADDRESS	97 JODI AVE.	4.3 STREET ADDRESS	206 Allyson Rd,	
CITY-ST-ZIP	LEESBURG FL 34788	4.4 CITY-ST-ZIP	Leesburg, Fl. 34788	
TITLE	DT	5.1 TITLE	D	☒ Change ☐ Addition
NAME	REAGLE, CHARLES	5.2 NAME	James Jennings	
STREET ADDRESS	203 ALLYSON RD.	5.3 STREET ADDRESS	210 Allyson Rd.	
CITY-ST-ZIP	LEESBURG FL 34788	5.4 CITY-ST-ZIP	Leesburg, Fl. 34788	
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	Horschel Prough	
STREET ADDRESS		6.3 STREET ADDRESS	638 Miati Dr. Leesburg, Fl. 34788	
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)(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: Donald J. Drolshagen President, RA 4/29/95 904-728-8674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR0613