SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State SIQ1 OF CORPORATIONS (P93000045083 (1) LTG RV INVESTMENT CORP. Principal Place of Business Mailing Address 2096 50TH TERRACE SW P.O. BOX 7534 NAPLES FL 33999 NAPLES FL 33941 US 3. Date Incorporated or Qualified 3a. Date of Last Report 06/25/1993 06/23/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0425012 26 Not Applicable 21 \$8.75 Additional Suite Apt. #, etc Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country $Z_{\rm IP}$ 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 🗌 Yes 📝 No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GREENOUGH, LEE C 2096 50TH TERRACE SW 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33999 Zip Code City 85 ns 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered pt the obligations of Section 607.0505, Florida Statutes. Pursuant to th office or regi tered ac GREENOVA H SIGNATURE Signature typeshor or need ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96)12. OFFICERS AND DIRECTORS 13 DELETE Change Addition 1 1 TITLE TITLE **PVTS** GREENOUGH, LEE C CR2E034 NAME 1.2 NAME 2096 50TH TERRACE S.W. STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 1.4 CITY - \$1 - ZIF Change Addition DELETE 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addit:on TITLE 41 III.E 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 51 TITLE Change Addition TITLE STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY - ST - 7iP DELETE Change Addition 61 TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP uk fring is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes I fual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and does not be proportionally and the second statutes. 14. I do hereby certify that the information further certify that the information made under path, that I am an a that my name appears in B Itachment with an address SIGNATURE:

SIGNATURE AND