FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000059001 (6)

1. Corporation Name
RECREATIONAL FACTORY WAREHOUSE OF MARIETTA, INC.

Principal Place of Business	Mailing Address
2960 CANTON RD HIGHWAY 5 MARIETTA GA 30066 US	6333 NORTH ORANGE BLOSSOM TRAIL SUITE 201-B ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/23/1993
3a. Date of Last Report: 02/16/1994
4. FEI Number: 58-2067728 — Applied For / Not Applicable
5. Certificate of Status Desired [X] $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 [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26 3033 Mercy Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Orlando, FL
Zip 24 / Country 25	Zip 29 32808 / Country 30 Orange

9. Name and Address of Current Registered Agent

EDGAR, CANDICE B
6333 N. ORANGE BLOSSOM TRAIL
SUITE 201
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 3033 Mercy Dr.
83
84 City: Orlando FL 85 Zip Code: 32808

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	11 TITLE	C [X] Change [ ] Addition
NAME	DOEBLER, DONALD W	12 NAME	
STREET ADDRESS	6333 N ORANGE BLOSSOM TRAIL #201	13 STREET ADDRESS	3033 Mercy Dr.
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Orlando, FL 32808
TITLE	V	21 TITLE	P [X] Change [ ] Addition
NAME	DENSON, BRIAN H	22 NAME	
STREET ADDRESS	6333 N ORANGE BLOSSOM TRAIL #201	23 STREET ADDRESS	3033 Mercy Dr.
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Orlando, FL 32808
TITLE	VST	31 TITLE	[X] Change [ ] Addition
NAME	EDGAR, CANDICE B	32 NAME	
STREET ADDRESS	6333 N ORANGE BLOSSOM TRAIL #201	33 STREET ADDRESS	3033 Mercy Dr.
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	Orlando, FL 32808
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4-26-95 (407)297-0141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Candice B Edgar Vice President

0060107 CP