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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000065937 (3)

1. Corporation Name

RECREATIONAL FACTORY WAREHOUSE OF TALLAHASSEE, I
NC.

Principal Place of Business

1280-C CAPITOL CIRCLE NE
TALLAHASSEE FL 32301
US

Mailing Address

3033 MERCY DR.
ORLANDO FL 32808-3113
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

EDGAR, CANDICE B
3033 MERCY DR.
ORLANDO FL 32808

3. Date Incorporated or Qualified

09/20/1993

3a. Date of Last Report

05/20/1998

4. FEI Number

59-3205187

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

10. Name and Address of New Registered Agent

81 Name

Paul W. Moses II

82 Street Address (P.O. Box Number is Not Acceptable)

Maguire, Voorhis & Wells, P.A.

83

Two South Orange Plaza

84 City

Orlando

FL

85 Zip Code

32802

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

[Signature] ESA

4/23/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DC	DOEBLER, DONALD W	3033 MERCY MERCY DR.	ORLANDO FL	<input checked="" type="checkbox"/>
P	DOEBLER, DAVID R	3033 MERCY DR.	ORLANDO FL	<input type="checkbox"/>
V	ECELBARGER, CRAIG V	3033 MERCY DR.	ORLANDO FL	<input checked="" type="checkbox"/>
VST	EDGAR, CANDICE B	3033 MERCY DR.	ORLANDO FL	<input type="checkbox"/>
V	DENSON, BRIAN H	3033 MERCY DR.	ORLANDO FL	<input checked="" type="checkbox"/>
V	CZECH, DONALD R	3033 MERCY DR.	ORLANDO FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Candice B. Edgar

4-16-97 (407) 297-0141
Date Daytime Phone #

CR2E034 (9/96)