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FILED

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 # P94000010915 (4)

1. Corporation Name

RECREATIONAL FACTORY WAREHOUSE OF ORLANDO, INC.

Principal Place of Business

Mailing Address

6325 N. ORANGE BLOSSOM TR
ORLANDO FL 32810
US

3033 MERCY DR.
ORLANDO FL 32808-3113
US



3. Date Incorporated or Qualified

02/09/1994

3a. Date of Last Report

05/20/1996

4. FEI Number

59-3219563

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDGAR, CANDICE B
3033 MERCY DR.
ORLANDO FL 32808

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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P/D
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Orlando, FL 32808
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	v/s
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Orlando, FL 32808
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or of an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Candice B. Edgar

4-16-97 (407) 297-0141

Date

Daytime Phone #

CRZE034 (9/96)