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 APR 26 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000023047 (1)**

1. Corporation Name

FLORIDA VACATIONS MOTORHOME RENTALS, INC.

Principal Place of Business	Mailing Address
~~24323 U.S. HIGHWAY 19 NORTH~~ ~~CLEARWATER FL 34623~~ 32898 US 19 N. Palm Harbor FL 34684	~~24323 U.S. HIGHWAY 19 NORTH~~ ~~CLEARWATER FL 34623~~ 32898 US 19 N Palm Harbor, FL 34684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 32898 US19 N.	26 32898 US 19 N.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Palm Harbor FL	City & State 28 Palm Harbor FL
Zip / Country 24 34684 / 25 Pinellas	Zip / Country 29 34684 / 30 Pinellas

4. FEI Number: 59-3221100 ☐ 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

9. Name and Address of Current Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	Pres. ☒ Change ☐ Addition
NAME	MORRISON, JAMES G	12 NAME	Robert morRison
STREET ADDRESS	24323 U.S. HIGHWAY 19 NORTH	13 STREET ADDRESS	32898 US19 N
CITY ST ZIP	CLEARWATER FL 34623 (DELETION)	14 CITY ST ZIP	Palm Harbor FL 34684
TITLE		21 TITLE	Treasurer ☐ Change ☒ Addition
NAME		22 NAME	margaret morRison
STREET ADDRESS		23 STREET ADDRESS	32898 US 19 N.
CITY ST ZIP		24 CITY ST ZIP	Palm Harbor, FL 34684
TITLE		31 TITLE	Sec. ☐ Change ☒ Addition
NAME		32 NAME	Connie morRison
STREET ADDRESS		33 STREET ADDRESS	32898 US 19 N.
CITY ST ZIP		34 CITY ST ZIP	Palm Harbor FL 34684
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	

JPR 5/15

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)(k), 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: Robert Sellgren 4-18-95 813 787-1002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0398008 CP