FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 19 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P94000033148 (5)

	RT R V INSURANCE, INC.				
Principal Place	e of Business	Mailing Address			
2203 E. MICHIGAN ST. ORLANDO FL 32806 US		P.O. BOX 620452 ORLANDO FL 32962 US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
9 Principal P	lace of Pucinous	2a. Mailing Address		04/26/1994 4. FEI Number	[A 1]1 P
2. Principal Place of Business				59-3238005	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable 8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State	<u> </u>	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current	year Intangible
24	25		30	Personal Property Tax due June 30.	
<u> </u>	g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Age	ent
	LBERT, ALAN W		81 Name		
11126 SHADY OAK STREET ORLANDO FL 32862			82 Street	Address (P.O. Box Number is Not Acceptable)	
Or Or	TLANDO FL 32002		83		
			84 City	FL ⁸	5 Zip Code
11 Pursuant	to the provisions of Sections 697-950	12 and 607 1508. Florida Statute	s the above-named	· • • • •	anning its registered
office or re	egistered agent, or both in the State	of Florida. Such change was at	thorized by the corp	corporation submits this statement for the purpose of chooration's board of directors. I hereby accept the appoint	ment as registered
	m tabiliar with, and access the big	A (A () () () ()	/ //^	2-15-9	30
SIGNATURE	Mynathro, typed or print of name of registered ag	eril and title if applicable (NOTE	Registered Agent signature		
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12
TITLE	S	☐ DELE te	1.1 TITLE	P	Change
NAME	HALL, RANDY		1.2 NAME	ALAN W Gilbert 11126 SHADY OAK St.	
STREET ADDRESS	1149 SUMMER CHASE DRIV	Æ	1.3 STREET ADDRESS	11/26 SAADY VAR 81.	
CITY-ST-ZIP	JACKSONVILLE FL 32259		1.4 CITY-ST-ZIP	CALAROO Florion 32832	
TITLE		☐ DELETE	2.1 TITLE	V-T	Change
NAME			2.2 NAME	Tenesa Gilbert 11124 Shady DAIL 8t. ONLANDO FLORIDA 32832	
STREET ADDRESS			2.3 STREET ADDRESS	11124 Shady WAIL SI.	
CITY-ST-ZIP		- Oriette		UNIANDO PLORIUM 3283C	0
TITLE		☐ DELETE	3.1 TITLE	L	Change
NAME OTOGET 4 DEDESCO			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		Onange L Montion
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ľ
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		1
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does no 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 of this 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, by on an attachment with an address.

SIGNATURE: