

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000053230 (6)

1. Corporation Name

BERKY RV PRODUCTS, INCORPORATED



Principal Place of Business

4820 SUNSET BLVD
PORT RICHEY FL 34668

Mailing Address

4820 SUNSET BLVD
PORT RICHEY FL 34668

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

BERKSTRESSER, ROBERT G
4820 SUNSET BLVD
PORT RICHEY FL 34668

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

07/19/1994

3a. Date of Last Report

03/23/1995

4. FEI Number

59-3255044

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

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 (Sign for individual or firm; sign for corporation)

(NOTE: Registered Agent sign and print name of firm)

(A.E.)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
BERKSTRESSER, ROBERT G
4820 SUNSET BLVD
PORT RICHEY FL 34668

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
☐ Change ☐ Addition

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY, ST, ZIP
☐ Change ☐ Addition

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY, ST, ZIP
☐ Change ☐ Addition

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY, ST, ZIP
☐ Change ☐ Addition

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
☐ Change ☐ Addition

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY, ST, ZIP
☐ Change ☐ Addition

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 Berkstresser

ROBERT BERKSTRESSER

3/5/96

(813) 784-7312

CR2E034 (12/95)