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 MAY -1 PM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000056566 (0)**

1. Corporation Name

RECREATIONAL FACTORY WAREHOUSE OF OKLAHOMA, INC.

Principal Place of Business	Mailing Address
6333 N. ORANGE BLOSSOM TRAIL SUITE 201 ORLANDO FL 32810	6333 N. ORANGE BLOSSOM TRAIL SUITE 201 ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 3033 Mercy Dr.
22: Suite, Apt. #, etc.
23: City & State: Orlando, FL
24: Zip: 32808
25: Country: Orange

2a. Mailing Address
26: 3033 Mercy Dr.
27: Suite, Apt. #, etc.
28: City & State: Orlando, FL
29: Zip: 32808
30: Country: Orange

4. FEI Number: 59-3255169 ☐ 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

EDGAR, CANDICE B
6333 N. ORANGE BLOSSOM TRAIL
SUITE 201
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 3033 Mercy Dr.
83:
84 City: Orlando FL 85 Zip Code: 32808

11. Pursuant to the provisions of Section 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 of new registered agent] (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
91 TITLE	D	91 TITLE	DC ☒ Change ☐ Addition
92 NAME	DOEBLER, DONALD W	92 NAME	
93 STREET ADDRESS	6333 N. ORANGE BLOSSOM TR., STE. 201	93 STREET ADDRESS	3033 Mercy Dr.
94 CITY ST ZIP	ORLANDO FL 32810	94 CITY ST ZIP	Orlando, FL 32808
91 TITLE		91 TITLE	P ☐ Change ☒ Addition
92 NAME		92 NAME	Doebler, David R.
93 STREET ADDRESS		93 STREET ADDRESS	3033 Mercy Dr.
94 CITY ST ZIP		94 CITY ST ZIP	Orlando, FL 32808
91 TITLE		91 TITLE	V ☐ Change ☒ Addition
92 NAME		92 NAME	Ecelbarger, Craig V.
93 STREET ADDRESS		93 STREET ADDRESS	3033 Mercy Dr.
94 CITY ST ZIP		94 CITY ST ZIP	Orlando, FL 32808
91 TITLE		91 TITLE	VST ☐ Change ☒ Addition
92 NAME		92 NAME	Edgar, Candice B.
93 STREET ADDRESS		93 STREET ADDRESS	3033 Mercy Dr.
94 CITY ST ZIP		94 CITY ST ZIP	Orlando, FL 32808
91 TITLE		91 TITLE	☐ Change ☐ Addition
92 NAME		92 NAME	
93 STREET ADDRESS		93 STREET ADDRESS	
94 CITY ST ZIP		94 CITY ST ZIP	
91 TITLE		91 TITLE	☐ Change ☐ Addition
92 NAME		92 NAME	
93 STREET ADDRESS		93 STREET ADDRESS	
94 CITY ST ZIP		94 CITY ST ZIP	

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)(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 on an attachment with an address.

SIGNATURE: [signature] VP — 4-25-95 — (407) 297-0141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Candice B Edgar, Vice President

0089180 CP