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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P94000087959 (0)

DOCUMENT #

RV GARDENS, INC.

Principal Place of Business

Mailing Address

3909 W. TACON STREET 3909 W. TACON STREET **TAMPA FL 33629 TAMPA FL 33629** 3a. Date of Last Report 3. Date Incorporated or Qualified 12/05/1994 04/07/1995 2a, Mailing Address 4. FEI Number 3308328 Applied For 2. Principal Place of Business APPLIED FOR Not Applicable 26 2517 W. DIANA ST 2517 W. DIANA ST \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees TAMPA 28 Country 8. This corporation has liability for intangible tax under s 199.032, Zip Florida Statutes Yes XNo 30 29 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 2517 W. DIANA ST 83 PLANTATION FL 33324 Zip Code 33614 64 85 TAMPA 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 607.0506. Florida Statutes. DORIS DORIS SOUTO
(NOTE: Registered Agent signature required when reinstating) arin SIGNATURE d narrie of registered agent and tit CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13 ☐ Addition Change DELETE 1, 1 THILE TITLE BACHMAN, CELIA H 1.2 NAME NAME 3909 W. TACON STREET 13 STREET ADDRESS STREET ADDRESS TAMPA FL 14 CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CHTY - ST - ZIP Addition ☐ DELETE Change 3. 1 TITLE TITLE 3.2 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY - ST-ZIP Change Addition DELETE 4. 1 THILE TITLE 42 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 6.1 TITLE 6 2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS

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, and attachment with an address.

6 4 CITY- ST-ZIP

SIGNATURE:

CITY-ST-ZIP