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FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000001425 (4)

1. Corporation Name

RESORT STORES, INC.

Principal Place of Business

1200 W RETTA ESPLANADE  
PUNTA GORDA FL 33950

Mailing Address

1200 W RETTA ESPLANADE  
PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1995

4. FEI Number

65-0546656

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

ERICKSON, TIMOTHY J  
4539 PELICAN BLVD  
CAPE CORAL FL 33914

10. Name and Address of New Registered Agent

81 Name SAME

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

23103 DONALDA AVE.

83

84 City PT. CHARLOTTE

FL

85 Zip Code

33954

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ERICKSON, TIMOTHY J  
STREET ADDRESS 4539 PELICAN BLVD  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE D ☐ DELETE

NAME ERICKSON, KIMBERLY J  
STREET ADDRESS 4539 PELICAN BLVD  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE SAME

1.2 NAME  
1.3 STREET ADDRESS 23103 DONALDA AVE  
1.4 CITY-ST-ZIP PT. CHARLOTTE, FL 33954

2.1 TITLE SAME

2.2 NAME  
2.3 STREET ADDRESS 23103 DONALDA AVE  
2.4 CITY-ST-ZIP PT. CHARLOTTE, FL 33954

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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:

5-1-98 741-744-1964

CR2E034 (10/97)