

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

FILED

May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000035142 (5)

1. Corporation Name  
RECREATE INCORPORATED



Principal Place of Business  
2805 BUTLER BAY DRIVE NORTH  
WINDEMERE FL 34786

Mailing Address  
2805 BUTLER BAY DRIVE NORTH  
WINDEMERE FL 34786-6111

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24  
9. Name and Address of Current Registered Agent  
LONG, MARIA G  
2805 BUTLER BAY DRIVE NORTH  
WINDEMERE FL 34786

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29  
30  
10. Name and Address of New Registered Agent

3. Date Incorporated or Qualified  
04/24/1995

3a. Date of Last Report  
07/08/1996

4. FEI Number 59-3388209  
APPLIED FOR

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

81 Name

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

83

84 City

FL 85 Zip Code

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 PD  
NAME LONG, MARIA G  
STREET ADDRESS 2805 BUTLER BAY DRIVE NORTH  
CITY-ST-ZIP WINDEMERE FL 34786 ☐ DELETE

TITLE VD  
NAME LONG, JOHN J JR  
STREET ADDRESS 2805 BUTLER BAY DRIVE NORTH  
CITY-ST-ZIP WINDEMERE FL 34786 ☐ DELETE

TITLE STD  
NAME LONG, KEITH A  
STREET ADDRESS 1722 PALM BEACH DRIVE  
CITY-ST-ZIP APOPKA FL 32712 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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 do 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

*MARIA G LONG* President 4/1/97 407 231 1415

CR2E034 (9/96)