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FILED

Feb 21 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 # P95000059813 (2)

1. Corporation Name
ROYAL RV RESORTS, INC.

Principal Place of Business
20285 US HWY 27 NORTH
CLERMONT FL 34711

Mailing Address
G-4376 BEECHER RD.
FLINT MI 48532-2807



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

3. Date Incorporated or Qualified
08/02/1995

3a. Date of Last Report
05/01/1996

4. FEI Number

59332883

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

MASHBURN, ERIC S
102 E MAPLE STREET
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

81 Name DALE A DEWITT

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

10215 LAKE LOUISA RD

83

84 City Clermont

FL

85 Zip Code 34711

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 607.0508, Florida Statutes.

SIGNATURE

[Signature]

DALE A DEWITT

3/15/97

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 ☐ DELETE

NAME DEWITT, DALE A
STREET ADDRESS 10215 LAKE LOUISA RD.
CITY-ST-ZIP CLERMONT FL 34711

TITLE VPD ☐ DELETE

NAME DEWITT, THEODORE D
STREET ADDRESS 13220 MARIA DR.
CITY-ST-ZIP CLERMONT FL 34711

TITLE VPD ☐ DELETE

NAME DEWITT, THOMAS A
STREET ADDRESS 238 E. LAKESHORE DR.
CITY-ST-ZIP CLERMONT FL 34711

TITLE STD ☐ DELETE

NAME SEVERNS, ANN L
STREET ADDRESS 10479 RUNYAN LAKE PT.
CITY-ST-ZIP FENTON MI 24711

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

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 FENTON MI 48430

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:

[Signature]

ANN L SEVERNS

2/5/97

810-750 0823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0446559

CR2E034 (9/96)