

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Maytham
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		2a. Mailing Address		3. Date Incorporated or Qualified 08/02/1995		3a. Date of Last Report 05/01/1996	
21. State, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 00000000 54332883		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 C
84 City Clermont FL 85 Zip Code 34711

11. Pursuant to the provisions of Sections 607.3502 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 607.0507, Florida Statutes.

SIGNATURE *[Signature]* DALE A DEWITT 3/10/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEWITT, DALE A	1.2 NAME	
STREET ADDRESS	10215 LAKE LOUISA RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEWITT, THEODORE D	2.2 NAME	
STREET ADDRESS	13220 MARIA DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEWITT, THOMAS A	3.2 NAME	
STREET ADDRESS	238 E. LAKESHORE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEVERNS, ANN L	4.2 NAME	
STREET ADDRESS	10479 RUNYAN LAKE PT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FENTON MI 24711	4.4 CITY-ST-ZIP	FENTON MI 48430
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	\$173.75 Dep. by Bank
CITY-ST-ZIP		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 3/5/97 810-750 0823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #