

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

FILED  
May 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000068980 (8)

1. Corporation Name  
LUKE POTTER WINNEBAGO, INC.

Principal Place of Business  
12201 W COLONIAL DR  
WINTER GARDEN FL 34787

Mailing Address  
12201 W COLONIAL DR  
WINTER GARDEN FL 34787-4129



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/07/1995	3a. Date of Last Report 05/23/1996
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-3334370	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25. Name and Address of Current Registered Agent		29. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
26. Name and Address of Current Registered Agent		29. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

VIHLEN, SIDNEY L III  
2180 SANLANDO CENTER  
2180 WEST S.R. 434, SUITE 1136  
LONGWOOD FL 32779

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTER, MICHAEL L	1.2 NAME	
STREET ADDRESS	% 12864 W. COLONIAL DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER GARDEN FL 34787	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROTH, CRAIG	2.2 NAME	
STREET ADDRESS	% 12864 W. COLONIAL DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER GARDEN FL 34787	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEMBERTON, SARAH E	3.2 NAME	
STREET ADDRESS	% 12864 W. COLONIAL DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER GARDEN FL 34787	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAMAN, ROGER	4.2 NAME	
STREET ADDRESS	% 12864 W. COLONIAL DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER GARDEN FL 34787	4.4 CITY - ST - ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-97

Date

Daytime Phone #

0467354

CR2E034 (9/96)