

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000073383 (8)

1. Corporation Name
RECREATIONAL FACTORY WAREHOUSE OF MACON, INC.



Principal Place of Business
**3033 MERCY DRIVE
ORLANDO FL 32810**

Mailing Address
**3033 MERCY DRIVE
ORLANDO FL 32810**

3. Date Incorporated or Qualified **09/21/1995** 3a. Date of Last Report

2. Principal Place of Business
21 **1207-A Eisenhower Pkwy**
Suite, Apt. #, etc.

23 **MAcon, GA.**
City & State

24 **31206** 25 **USA**
Zip Country

9. Name and Address of Current Registered Agent
**EDGAR, CANDICE B
3033 MERCY DRIVE
ORLANDO FL 32810**

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 _____ DATE _____
Signature typed or printed name of registered agent and date of signature (Print Registered Agent signature and date of signature)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DOEBLER, DONALD W	
STREET ADDRESS	3033 MERCY DRIVE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Doebler, David R.	
23 STREET ADDRESS	3033 Mercy Drive	
24 CITY-ST-ZIP	Orlando, FL 32808	
31 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Czech, Donald R.	
33 STREET ADDRESS	3033 Mercy Dr.	
34 CITY-ST-ZIP	Orlando, FL 32808	
41 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Denson, Brian H.	
43 STREET ADDRESS	3033 Mercy Dr.	
44 CITY-ST-ZIP	Orlando, FL 32808	
51 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Eaelbarger, Craig V.	
53 STREET ADDRESS	3033 Mercy Dr.	
54 CITY-ST-ZIP	Orlando, FL 32808	
61 TITLE	V ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Edgar, Candice B.	
63 STREET ADDRESS	3033 Mercy Dr.	
64 CITY-ST-ZIP	Orlando, FL 32808	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: **5/15/96 (407) 277-0141**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Candice B. Edgar** **ext. 2260**

CR2E034 (12/95)