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May 08 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 # P95000073383 (8)  
1. Corporation Name  
RECREATIONAL FACTORY WAREHOUSE OF MACON, INC.



Principal Place of Business Mailing Address  
1207-A EISENHOWER PARKWAY 3033 MERCY DRIVE  
MACON GA 31206 ORLANDO FL 32808-3113  
US

3. Date Incorporated or Qualified 09/21/1985 3a. Date of Last Report 05/21/1996  
4. FEI Number 59-3336835 Applied For Not Applicable  
5. Certificate of Status Desired [X] \$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 [X] Yes [ ] No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

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

10. Name and Address of New Registered Agent  
81 Name Paul W. Moses II  
82 Street Address (P.O. Box Number is Not Acceptable) Maguire, Voorhis & Wells, P.A.  
83 Two South Orange Plaza  
84 City Orlando FL 85 Zip Code 32802

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] ESO DATE: 4/23/97

12. OFFICERS AND DIRECTORS  
TITLE DC [X] DELETE  
NAME DOEBLER, DONALD W  
STREET ADDRESS 3033 MERCY DRIVE  
CITY-ST-ZIP ORLANDO FL  
TITLE P [ ] DELETE  
NAME DOEBLER, DAVID R  
STREET ADDRESS 3033 MERCY DR  
CITY-ST-ZIP ORLANDO FL  
TITLE V [X] DELETE  
NAME CZECH, DONALD R  
STREET ADDRESS 3033 MERCY DR  
CITY-ST-ZIP ORLANDO FL  
TITLE V [X] DELETE  
NAME DENSON, BRIAN H  
STREET ADDRESS 3033 MERCY DR  
CITY-ST-ZIP ORLANDO FL  
TITLE V [X] DELETE  
NAME ECELBARGER, CRAIG V  
STREET ADDRESS 3033 MERCY DR  
CITY-ST-ZIP ORLANDO FL  
TITLE VST [ ] DELETE  
NAME EDGAR, CANDICE B  
STREET ADDRESS 3033 MERCY DR  
CITY-ST-ZIP ORLANDO FL

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 P/D [X] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP Orlando, FL. 32808  
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 V/S [X] Change [ ] Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP Orlando, FL. 32808

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] Candice B. Edgar 4-16-97 (407) 297-0141  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)