

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

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Morone Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000002553 (1)**
1. Corporation Name
RECREATIONAL FACTORY WAREHOUSE OF RALEIGH, INC.

Principal Place of Business
**3033 MERCY DR.
ORLANDO FL 32810**

Mailing Address
**3033 MERCY DR.
ORLANDO FL 32808-3113**



2. Principal Place of Business
21 **3134 Calvary Drive**
Suite, Apt. #, etc.
22 **Suite 107**
City & State
23 **Raleigh, N.C.**
Zip
24 **27604** Country
25 **US**

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified
01/09/1996

3a. Date of Last Report

4. FEI Number
59-3352694

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
**EDGAR, CANDICE B
3033 MERCY DR.
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 607.0402 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:  **Paul W. Moses II**

4/23/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DOEBLER, DONALD W	
STREET ADDRESS	3033 MERCY DR.	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Doebler, David R.	
2.3 STREET ADDRESS	3033 Mercy Drive	
2.4 CITY-ST-ZIP	Orlando, FL 32808	
3.1 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Edgar, Candice B.	
3.3 STREET ADDRESS	3033 Mercy Drive	
3.4 CITY-ST-ZIP	Orlando, FL 32808	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address.

SIGNATURE:  **Candice B. Edgar** 4-16-97 (407) 297-0141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)