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Apr 24 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **P96000002553 (1)**  
1. Corporation Name  
**RECREATIONAL FACTORY WAREHOUSE OF RALEIGH, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**3136 CALVARY DR  
SUITE 107  
RALEIGH NC 27804  
US**

**3033 MERCY DR.  
ORLANDO FL 32810**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOSES, PAUL W II  
MAGUIRE, VOORHIS & WELLS P.A.  
TWO SOUTH ORANGE PLAZA  
ORLANDO FL 32802**

81 Name **Jay Van Heyde**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**Maguire, Voorhis & Wells, PA**  
83 **200 So. Orange Avenue, Suite 3000**  
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

*Jay Van Heyde*

**Jay Van Heyde, Esquire**

**4/15/98**

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD**

STREET ADDRESS **DOEBLER, DAVID R**

CITY-ST-ZIP **3033 MERCY DR.**

**ORLANDO FL**

TITLE ☐ DELETE

NAME **VS**

STREET ADDRESS **EDGAR, CANDICE B**

CITY-ST-ZIP **3033 MERCY DR**

**ORLANDO FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I 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:

**Candice B. Edgar**  
Vice President

(407) 210-2260

CR2E034 (10/97)