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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000025510 (3)

RECREATIONAL CAPITAL, INC.

Principal Place of Business Mailing Address 7850 ULMERTON RD STE 2A 7850 ULMERTON RD STE 2A LARGO FL 33771 LARGO FL 33771 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/17/1997 2a. Mailing Address 2, Principal Place of Business Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Ziti Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FOWLER, MARGARET E 9209 SEMINOLE BLVD #112 82 Street Address (P.O. Box Number is Not Acceptable) LARGO FL 34642 **R3** 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-hamed 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** INOTE Registered Agent signature required when reinstating) DATE Signalure, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 11114 Change TITLE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CHTY - \$1 - 7(P DELETE Change Addition TITLE 21 TILLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHY - ST - ZIP DELETE Change: Addition TITLE 3.1 THEF 3.2 NAMi STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - 7IP DELFTE Change TITLE ncitibbA 🔲 4 1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DÉLETE Change Add tion TITLE 5.1 THUE NAME 5.2 NAMI

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6 4 CITY-G1-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

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Block 12 or Block 13 if changed, or on an attachment with an address

indicated on this annual report or supplemental annual report is true and en officer or director of the corporation or the receiver or trustee empowered to

DELETE

1-1-0

at my signature shall have the same logal effect as if made under oath; that Lam are report as required by Chapter 607, Florida Statutes; and that my name appears in

Change

Addition

FILED

Jan 15 1998 8:00am

Secretary of State