

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90002 003 \*\*\*150.00

DOCUMENT # **P98000054155**

1. Corporation Name

**R/V PRODUCTS, INC.**



Principal Place of Business

**35536 CYPRESS HAVEN WAY  
LEESBURG FL 34788**

Mailing Address

**%EDWARD M. LIVINGSTON, ESQ.  
P.O. BOX 1599  
WINTER PARK FL 32790**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/17/1998**

4. FEI Number

**59-3518440**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

**24**

Country

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIVINGSTON, EDWARD M  
628 ELLEN DRIVE  
WINTER PARK FL 32790**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **LEECH, ALAN R**  
STREET ADDRESS **35536 CYPRESS HAVEN WAY**  
CITY-ST-ZIP **LEESBURG FL 34788**

TITLE **D** ☐ DELETE

NAME **LEECH, PEGGY Z**  
STREET ADDRESS **35536 CYPRESS HAVEN WAY**  
CITY-ST-ZIP **LEESBURG FL 34788**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/P/T** ☒ Change ☐ Addition

1.2 NAME **Leech, Alan R.**  
1.3 STREET ADDRESS **35536 Cypress Haven Way**  
1.4 CITY-ST-ZIP **Leesburg, FL 34788**

2.1 TITLE **D/V/S** ☒ Change ☐ Addition

2.2 NAME **Leech, Peggy Z.**  
2.3 STREET ADDRESS **35536 Cypress Haven Way**  
2.4 CITY-ST-ZIP **Leesburg, FL 34788**

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 ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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

*Peggy Z. Leech*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**July 9, 1999**

Daytime Phone #

**352-323-8583**

CR2E034 (5/99)

S9577-90002-3  
P98000054155

LAW OFFICES

EDWARD M. LIVINGSTON, P. A.

PATENTS, TRADEMARKS, COPYRIGHTS  
& BUSINESS LAW

REPLY TO:

ORLANDO AREA OFFICE:  
628 ELLEN DRIVE  
POST OFFICE BOX 1599  
WINTER PARK, FLORIDA 32790  
OFFICE: (407) 629-4545  
FAX: (407) 645-1922  
TOLL-FREE: 1-800-548-4332

NAPLES OFFICE:  
JOHNSON & LIVINGSTON  
800 HARBOUR DRIVE  
NAPLES, FLORIDA 34103  
OFFICE: (941) 262-8502  
FAX: (941) 261-3773  
TOLL-FREE: 1-800-548-4332

July 12, 1999

Annual Report Filings  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Re: 1999 Annual Report  
For: R/V PRODUCTS, INC.  
Document No.: P98000054155  
Our File No.: 98-4029

Dear Sir/Madam:

Enclosed please find the 1999 Annual Report for the captioned corporation, together with a check in the sum of \$150.00 representing the filing fee.

Please be advised that although the annual report is labeled "second notice" this is the first notice we have received. Therefore we request that you waive the \$400.00 late fee.

Thank you for your consideration in this matter. Should you have any questions, please don't hesitate to contact me.

Sincerely,



Edward M. Livingston

EML/mao  
Enclosures- 1999 Annual Report  
Check