

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PH 8:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **S21079** (6)  
1. Corporation Name  
**RECREATIONAL FACTORY WAREHOUSE OF FT. MYERS, INC**

Principal Place of Business Mailing Address  
**12821 METRO PARKWAY FT. MEYERS FL 33912** **6333 N ORANGE BLOSSOM TRL STE 201 ORLANDO FL 32810**

3. Date Incorporated or Qualified **12/27/1990** 3a. Date of Last Report **02/16/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
<b>21 2855 W. Colonial Blvd.</b>		<b>26 3033 Mercy Dr.</b>		<b>59-3052292</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>22 Suite 430</b>		<b>27</b>		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>23 Ft. Myers, FL</b>		<b>28 Orlando, FL</b>					
Zip	Country	Zip	Country				
<b>24 33912</b>		<b>29 32808</b>	<b>30 Orange</b>				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>EDGAR, CANDICE B. 6333 N ORANGE BLOSSOM TRAIL SUITE 201 ORLANDO FL 32810-1271</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				<b>3033 Mercy Dr.</b>			
				84 City <b>Orlando</b> FL 85 Zip Code <b>32808</b>			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOEBLER, DONALD W.</b>	1.2 NAME	
STREET ADDRESS	<b>6333 N. ORANGE BLOSSOM TR</b>	1.3 STREET ADDRESS	<b>3033 Mercy Dr.</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>	1.4 CITY - ST - ZIP	<b>Orlando, FL 32808</b>
TITLE	<b>P</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ECELBARGER, CRAIG V</b>	2.2 NAME	
STREET ADDRESS	<b>6333 N ORANGE BLOSSOM TR</b>	2.3 STREET ADDRESS	<b>3033 Mercy Dr.</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>	2.4 CITY - ST - ZIP	<b>Orlando, FL 32808</b>
TITLE	<b>VST</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDGAR, CANDICE B.</b>	3.2 NAME	
STREET ADDRESS	<b>6333 N ORANGE BLOSSOM TR</b>	3.3 STREET ADDRESS	<b>3033 Mercy Dr.</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>	3.4 CITY - ST - ZIP	<b>Orlando, FL 32808</b>
TITLE	<b>V</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOEBLER, DAVID R</b>	4.2 NAME	
STREET ADDRESS	<b>6333 N ORANGE BLOSSOM TRAIL #201</b>	4.3 STREET ADDRESS	<b>3033 Mercy Dr.</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>	4.4 CITY - ST - ZIP	<b>Orlando, FL 32808</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 a supplemental report with an address.

SIGNATURE: Candice B. Edgar 4-25-95 (407) 297-0741  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #  
**Candice B. Edgar Vice President**