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FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: 2855 W. COLONIAL BLVD. SUITE 430 FT. MEYERS FL 33912 US
Mailing Address: 3033 MERCY DR. ORLANDO FL 32808-3113 US

2. Principal Place of Business: 21 3033 Mercy Drive, 22 Orlando, FL., 23 32808, 24 US
2a. Mailing Address: 26 3033 Mercy Drive, 27 Orlando, FL., 28 32808, 29 US, 30 US

3. Date Incorporated or Qualified: 12/27/1980
3a. Date of Last Report: 05/20/1996
4. FEI Number: 59-3052292
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 32808

10. Name and Address of New Registered Agent: 81 Name: Paul W. Moses II, 82 Street Address: Maguire, Voorhis & Wells, P.A., 83 Two South Orange Plaza, 84 City: Orlando, 85 Zip Code: FL 32802

11. Pursuant to the provisions of Sections 607.0502 and 607.108, 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] 4/23/97 DATE

12. OFFICERS AND DIRECTORS

| | |
|--------------------------------|--|
| TITLE: CD | <input checked="" type="checkbox"/> DELETE |
| NAME: DOEBLER, DONALD W. | |
| STREET ADDRESS: 3033 MERCY DR. | |
| CITY-ST-ZIP: ORLANDO FL | |
| TITLE: V | <input checked="" type="checkbox"/> DELETE |
| NAME: ECELBARGER, CRAIG V | |
| STREET ADDRESS: 3033 MERCY DR. | |
| CITY-ST-ZIP: ORLANDO FL | |
| TITLE: VST | <input type="checkbox"/> DELETE |
| NAME: EDGAR, CANDICE B. | |
| STREET ADDRESS: 3033 MERCY DR. | |
| CITY-ST-ZIP: ORLANDO FL | |
| TITLE: P | <input type="checkbox"/> DELETE |
| NAME: DOEBLER, DAVID R | |
| STREET ADDRESS: 3033 MERCY DR. | |
| CITY-ST-ZIP: ORLANDO FL | |
| TITLE: V | <input checked="" type="checkbox"/> DELETE |
| NAME: DENSON, BRIAN H | |
| STREET ADDRESS: 3033 MERCY DR. | |
| CITY-ST-ZIP: ORLANDO FL | |
| TITLE: V | <input checked="" type="checkbox"/> DELETE |
| NAME: CZECH, DONALD R | |
| STREET ADDRESS: 3033 MERCY DR. | |
| CITY-ST-ZIP: ORLANDO FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------------------------|--|
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE: VIS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP: Orlando, FL. 32808 | |
| 4.1 TITLE: P/O | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP: Orlando, FL. 32808 | |
| 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)(j), 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: [Signature] Candice B. Edgar 4-16-97 (407) 297-0141 DATE DAYTIME PHONE #

CR2E034 (9/96)