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

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

Feb 24 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Socretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (2) S38977 ESTERO R.V. CENTER, INC. Principal Place of Business Mailing Address 20771 S. TAMIAMI TRAIL 20771 S. TAMIAMI TRAIL ESTERO FL 33928 ESTERO FL 33928 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/15/1991 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0244346 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. X Yes 25 20 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name YARLING, MICHAEL H. 20771 S. TAMIAMI TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) ESTERO FL 33928 83 64 City Zip Code 85 11. Pursuant to the provisions of Socions 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 (NOTI : Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Addition TITLE Change YARLING, MICHAEL H. 1.2 NAME NAME 8137 GULL LANE STREET ADDRESS 1.3 STREET ADDRESS FORT MYERS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 6.1 TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

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 tusted empowered opexecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed out on an attay frequency with a same sequence.

FILED

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