

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V38626 (0)

1. Corporation Name

BACKLASH R.V. FISHING CAMP, INC.



Principal Place of Business

**11530 S.E. HIGHWAY 441
OKEECHOBEE FL 34974**

Mailing Address

**11530 S.E. HIGHWAY 441
OKEECHOBEE FL 34974**

3. Date Incorporated or Qualified

05/22/1992

3a. Date of Last Report

01/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0388505

Applied For

Not Applicable

22

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

23

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

24

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GUTH, BUD
11530 S.E. HIGHWAY 441
OKEECHOBEE FL 34974**

81 Name **Hazel L. McGowan**

82 Street Address (P.O. Box Number is Not Acceptable)
11530 S.E. HWY. 441

83

84 City **Okeechobee**

FL

85 Zip Code
34974

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

Hazel L. McGowan

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-96

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **GUTH, BUD**
STREET ADDRESS **9870 S.E. HWY. 441**
CITY - ST - ZIP **OKEECHOBEE FL**

TITLE **D** ☒ DELETE

NAME **MCGOWAN, H. D.**
STREET ADDRESS **2900 N. HWY. 1247**
CITY - ST - ZIP **SOMERSET KY**

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 **P** ☐ Change ☒ Addition

1.2 NAME **MCGOWAN, HAZEL L.**
1.3 STREET ADDRESS **2966 N. HWY. 1247**
1.4 CITY - ST - ZIP **SOMERSET KY 42501**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 an attachment with an address.

SIGNATURE *Hazel L. McGowan* **PRESIDENT** **4-25-96** **606.677.1041**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)