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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(0)

DOCUMENT # BACKLASH R.V. FISHING CAMP, INC.

## **FILED** Mar 25 1998 8:00am Secretary of State



City & State 3	Principal Place	e of Business		Mailing Address							
2. Principal Place of Business 3. Date incorporated or Outsides 4. Principal Place of Business 1. J. S. 3.0 S.E. H.W.Y. 4. P. 186 2. Principal Place of Business 1. J. S. 3.0 S.E. H.W.Y. 4. P. 186 2. Suite, A.P. 4. 186 2. County 3. Suite, A.P. 4. 186 3. Contribute of St. Contribution 3. Suite A.P. 4. 186 3. Contribute of St. Contribution 4. County 3. Suite A.P. 4. 186 4. County 4. Suite A.P. 4. 186 5. Contribute of St. Contribution 5. County 5. Suite A.P. 4. 186 5. Contribute of St. Contribution 6. Contribution											
2. Principal Place of Businoses   Sale National Address   Sale National Addres	OKEECHOBEE	E FL 349/4		OKEECHOBEE FL 34974	4			DO NOT WRITI	E IN THIS SI	PACE	
2. Principal Place of Business 1.   2a. Mailrog Address   2a. Mailrog Address   5.   5.   5.   5.   5.   5.   5.	1						ŀ			102	
2. Principal Place of Buenness     3											
Suite, Apt. #, etc.    Solid State   S				2a. Mailing Address				4, FEI Number			Applied For
Suite, Apt. #, etc.    Solid State   S	21/153	0551	424441	26 11530 S	SE, Hu	14 4	41	65-0388505		🗀	Not Applicable
Fee Required  City & State  Country  Sp. Added to Fee  Country  Sp. American Address of Current Registered Agent  MCGOWAN, HAZEL L  11530 SE. HWY. 441  OKERCHOBER P. 34974  By  City & State  City & City & City & City & City & City & City  City & C	Suite, Apt.	#, etc	77	Suite, Apt. #, etc.	- <del></del>	7		E Cortificate of Status Decired		\$8.7	5 Additional
20 Country 20 September 2 20 Supply	22							6. Certificate of Status Desired		Fee	Required
2 Steet Address of Normal Registered Agent  10. Name and Address of Current Registered Agent  10. Name and Address of Normal Registered Agent  10. Name and Address of Normal Registered Agent  11530 S.E. HWY. 441  OKECHOBEE FI. 34974  11530 S.E. HWY. 441  11530	City & State	e	ee Al	City & State	FF 1	? /	[				
A September 17-9   September 19-9   Sept	23 OKEA	CHODE		28 OKB 5 4 7/0 2	-	<u> </u>					
B. Name and Address of Current Registered Agent MCGOWAM, HAZEL L 11530 S.E. HWY. 441 OKEECHOBEE R. 34974  84  City  FL  85  Vired Address (P.O. Box Number is Not Acceptable)  84  City  FL  85  Vired Address (P.O. Box Number is Not Acceptable)  85  84  City  FL  85  Vired Address (P.O. Box Number is Not Acceptable)  86  87  88  89  89  80  80  City  FL  80  Street Address (P.O. Box Number is Not Acceptable)  80  80  80  80  80  City  FL  80  Vired Address (P.O. Box Number is Not Acceptable)  80  80  80  80  80  City  FL  80  Vired Address (P.O. Box Number is Not Acceptable)  80  80  80  80  City  FL  80  Vired Address (P.O. Box Number is Not Acceptable)  80  80  80  80  80  City  FL  80  Vired Address (P.O. Box Number is Not Acceptable)  80  80  80  80  80  80  80  80  80  8	300	au		47 7 10 0 11	Countr	make	400				
MCGOWAN, HAZEL L 11530 S.E. HWY. 441  OKEECHOBEE FL 34974  83  84  85  86  87  Street Address (P.O. Box Number is Not Acceptable)  88  88  89  89  80  80  80  80  80  80	24 <u>27</u> 7		* E	t Begistered Agent	30 0 7 6	#L/70					
11530 S.E. HWY. 441 OKEECHOBEE PL 34974    B2   Street Address (P.O. Box Number is Not Acceptable)	MC			CHOPISTOR ABOUT	B1	Name		IO. Name and Address of Now A	- Sistorou A	Acut	
OKEECHOBEE FL 34974    Street Address (F.O. Box Northber is Not Acceptable)											
### PLANNE							Addres	s (P.O. Box Number is Not Accepta	ble)		
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 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 in a marrial are with, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  Signature. Signature in the directors of the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent general are required with in a corporation's board of directors. I hereby accept the appointment as registered agent general are required with increasors)  SIGNATURE  Signature. Special to printed name of required and the state of the state	0		1601011		83	<del>                                     </del>			1-7-31		
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 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 in a marrial are with, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  Signature. Signature in the directors of the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent general are required with in a corporation's board of directors. I hereby accept the appointment as registered agent general are required with increasors)  SIGNATURE  Signature. Special to printed name of required and the state of the state						ļ					
11. Prisopant to the provisions of Socions 607 0x00 and 607 1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Socion 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIFFE CTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIFFE CTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIFFE CTORS IN 12  TITLE  NAME  STREET ADDRESS  GITY-ST-ZIP  TITLE  DELETE  11 TITLE  DELETE  21 TITLE  DELETE  31 TITLE  DELETE  ADDITIONS/CHANGES TO OFFICERS AND DIFFE CTORS IN 12  TO Angle Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIFFE CTORS IN 12  TO Angle Addition  ADDITIONS/CHANGES TO OFFICERS AND DIFFE CTORS IN 12  TITLE  DELETE  31 TITLE  DELETE  31 TITLE  DELETE  31 TITLE  DELETE  ADDITIONS/CHANGES TO OFFICERS AND DIFFE CTORS IN 12  TO Angle Addition  ADDITIONS/CHANGES TO OFFICERS AND DIFFE CTORS IN 12  TO Angle Addition  ADDITIONS/CHANGES TO OFFICERS AND DIFFE CTORS IN 12  TO Angle Addition  ADDITIONS/CHANGES TO OFFICERS AND DIFFE CTORS IN 12  TO Angle Addition  ADDITIONS/CHANGES TO OFFICERS AND DIFFE CTORS IN 12  TO Angle Addition  ADDITIONS/CHANGES TO OFFICERS AND DIFFE CTORS IN 12  TO Angle Addition  ADDITIONS/CHANGES TO OFFICERS AND DIFFE CTORS IN 12  TO Angle Addition  ADDITIONS/CHANGES TO OFFICERS AND DIFFE CTORS IN 12  TO Angle Addition  ADDITIONS/CHANGES TO OFFICERS AND DIFFE CTORS IN 12  TO Angle Addition  ADDITIONS/CHANGES TO OFFICERS AND DIFFE CTORS IN 12  TO Angle Addition  ADDITIONS/CHANGES TO OFFICERS AND DIFFE CTORS IN 12  TO Angle Addition  ADDITIONS/CHANGES TO OFFICERS AND DIFFE CTORS IN 12  TO Angle Angle Angle Angle Angle Angle Angle					84	City			FI	<b>85</b> Z	ip Code
SIGNATURE	11. Pursuant	to the provision	ns of Sections 607.050	2 and 607.1508. Florida State	utes, the abov	e-named	corpor	ration submits this statement for the		hangin	a its registered
SIGNATURE	office or r	registered age	nt, or both, in the State	of Florida, Such change was	authorized b	y the corp	oration	n's board of directors. I hereby acce	pt the appo	intment	as registered
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DELETE	SIGNATURE	Signature, typind or	printed name of registered age	of and title if applicable (NC	OTI: Registered Ag	ent signature	required :	when reinstating)	DATE		
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SOMERSET KY 42501	NAME				1.2 NAME						
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CITY-S1-ZIP 6.4 CITY-ST-ZIP											
		portify that the	information europlied wi	th this filing does not qualify			ol in So	action 119.07/3Vi) Florida Statutos	Lfurther cor	ifu thet	the information

Thereby certify that the information supplied with this hilling does not duality for the exemption stated in Section 119.07(3)(f), Florida Statutes, Torther certify that the information indicated on this annual report as input report as in 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.

941-763-7403