

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 08, 1996 08:00 AM
Secretary of State

DOCUMENT # **V50675** (0)

1. Corporation Name

CONGRESS R.V. STORAGE, INC.

Principal Place of Business

**8725 MARIGOLD DR.
NEW PORT RICHEY FL 34654
US**

Mailing Address

**8725 MARIGOLD DR.
NEW PORT RICHEY FL 34654
US**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	City & State
24	Country	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

**DOMBROWSKI, ROGER F.
8725 MARIGOLD DRIVE
NEW PORT RICHEY FL 34654**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title of agent, if applicable.

(Only if Registered Agent signature required, enter on separate page)

(DATE)

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE	PTD
NAME	DOMBROWSKI, ROGER F.
STREET ADDRESS	8725 MARIGOLD DRIVE
CITY-STATE-ZIP	NEW PRT. RICHEY FL
TITLE	VD
NAME	HOLLAND, CATHY E.
STREET ADDRESS	8725 MARIGOLD DRIVE
CITY-STATE-ZIP	NEW PRT. RICHEY FL
TITLE	S
NAME	DOMBROWSKI, EVELYN M.
STREET ADDRESS	4850 BAY PARK DRIVE
CITY-STATE-ZIP	PORT RICHEY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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:

Roger F. Dombrowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96 856-3794
Date Daytime Phone #

CR2E034 (12/95)