

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225.00 (IF DISSOLVED, CURRENT AMOUNT DUE TO RESTATE: \$275)

CORPORATION
 ANNUAL REPORT
 1994-1995



FLORIDA DEPARTMENT OF STATE
 Jim Smyth
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

95 APR -5 PM 2:47

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **V65553 (2)**

1. Corporation Name
RECREATIONAL VEHICLE SERVICE ACADEMY, INC.

Mailing Address: **721-CATTLEMEN RD SARASOTA FL 34232**
 Principal Place of Business: **721-CATTLEMEN RD SARASOTA FL 34232**

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address: **1127 Ellenton Gillette Rd**
 2a. Principal Place of Business: **1127 Ellenton Gillette Rd**
 22. Suite, Apt. #, etc.:
 27. Suite, Apt. #, etc.:
 23. City & State: **Ellenton, FL**
 28. City & State: **Ellenton, FL**
 24. Zip: **34222** 25. County: **Manatee** 29. Zip: **34222** 30. County: **Manatee**

3. Date incorporated or Qualified: **09/21/1992** 3a. Date of Last Report: **04/20/1993**
 4. FEI #: **23-2454985**
 5. Certificate of Status Desired: **\$8.75** **Additional Fees Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
SANTORO, THOMAS J.
721-CATTLEMEN RD
SARASOTA FL 34232

10. Name and Address of New Registered Agent
 01 Name: **SAME**
 02 Street Address (P.O. Box Number is Not Acceptable): **5815 18th St. E.**
 03
 04 City: **Ellenton** FL 05 Zip Code: **34222**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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, am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.
 SIGNATURE: *Thomas J. Santoro* **Thomas J. Santoro** 6/6/94
Signature of Registered Agent and his Representative NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

| | |
|---------------------|------------------|
| 1.1 TITLE | P/T |
| 1.2 NAME | SANTORO THOMAS J |
| 1.3 STREET ADDRESS | 5815 18TH ST. |
| 1.4 CITY - ST - ZIP | ELLENTON FL |
| 2.1 TITLE | VP/S |
| 2.2 NAME | SANTORO LOUISE M |
| 2.3 STREET ADDRESS | 5815 18TH ST. E. |
| 2.4 CITY - ST - ZIP | ELLENTON FL |
| 3.1 TITLE | |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: **8/26/94 administrative div.**

1.2 NAME: **was due to a processing error on the part of this office**

1.3 STREET ADDRESS: **Therefore, corp. was returned to active status with the filing of this AR + payment of FF totaling \$425.00.**

1.4 CITY - ST - ZIP: **Out 4/5**

2.1 TITLE: **Out 4/5**

2.2 NAME: **FF \$425**

2.3 STREET ADDRESS: **800001451278**

2.4 CITY - ST - ZIP: **-04/07/95--01102--013**

3.1 TITLE: ******425.00 ****425.00**

3.2 NAME: **Out 4/5**

3.3 STREET ADDRESS: **FF \$425**

3.4 CITY - ST - ZIP: **800001451278**

4.1 TITLE: **-04/07/95--01102--013**

4.2 NAME: ******425.00 ****425.00**

4.3 STREET ADDRESS: **Out 4/5**

4.4 CITY - ST - ZIP: **FF \$425**

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 110.07(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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas J. Santoro* **Dr. Thomas J. Santoro** 6/6/94 (813) 722-5256
Signature and Typed or Printed Name of Signing Officer or Director