

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

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**May 08 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P95000093833 (8)**  
1. Corporation Name  
**RECREATIONAL FACTORY WAREHOUSE OF COLUMBIA, INC.**



Principal Place of Business  
**1000 FONTAINE ROAD  
COLUMBIA SC 29223  
US**

Mailing Address  
**3033 MERCY DR.  
ORLANDO FL 32808-3113**

3. Date Incorporated or Qualified: **12/11/1995**      3a. Date of Last Report: **05/20/1996**

4. FEI Number: **59-3200750 59-3352546**      Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

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

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. Zip      Country      29. Country

24.      25.      30.

**EDGAR, CANDICE B  
3033 MERCY DR.  
ORLANDO FL 32810**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name: **Paul W. Moses II**

82. Street Address (P.O. Box Number is Not Acceptable): **Maguire, Voorhis & Wells, P.A.**

83. **Two South Orange Plaza**

84. City: **Orlando**      85. Zip Code: **FL 32802**

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]*      DATE: **4/23/97**

Signature typed or printed name of registered agent or title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DC</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DOEBLER, DONALD W</b>	
STREET ADDRESS	<b>3033 MERCY DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>DOEBLER, DAVID R</b>	
STREET ADDRESS	<b>3033 MERCY DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DENSON, BRIAN</b>	
STREET ADDRESS	<b>3033 MERCY DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ECELBARGER, CRAIG V</b>	
STREET ADDRESS	<b>3033 MERCY DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CZECH, DONALD R</b>	
STREET ADDRESS	<b>3033 MERCY DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>VST</b>	<input type="checkbox"/> DELETE
NAME	<b>CANDICE, EDGAR B</b>	
STREET ADDRESS	<b>3033 MERCY DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>P/D</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>Orlando, FL. 32808</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>V/S</b>
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<b>Orlando, FL. 32808</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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 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: *[Signature]*      DATE: **4-16-97**      DAYTIME PHONE: **(407) 297-0141**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)