FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 387158 (9)

1. Corporation Name
CHEIFLAND GOLF AND COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
RT. 2, BOX 905 CHIEFLND FL 32626	RT. 2, BOX 905 CHIEFLND FL 32626

3. Date Incorporated or Qualified: 08/19/1971
3a. Date of Last Report: 02/24/1994
4. FEI Number: 59-1460684 — 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 — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BEAUCHAMP, GREGORY V. 107 E. PARK AVENUE CHIEFLND FL 32626	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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BEAUCHAMP, GREGORY V.
STREET ADDRESS	W. PARK AVENUE
CITY-ST-ZIP	CHIEFLND FL
TITLE	VD
NAME	SMITH, TERRY A.
STREET ADDRESS	WILLOW DRIVE
CITY-ST-ZIP	CHIEFLND FL
TITLE	SD
NAME	SHULTZ, CAROL
STREET ADDRESS	RT. 1 BOX 1029-N
CITY-ST-ZIP	CHIEFLND FL
TITLE	D
NAME	WASSON, NEWCOMBE
STREET ADDRESS	RT. 2 BOX 952
CITY-ST-ZIP	CHIEFLND FL
TITLE	D
NAME	BEAUCHAMP, ROBERT J
STREET ADDRESS	NW 1ST STR
CITY-ST-ZIP	CHIEFLND FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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)(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: Gregory V. Beauchamp — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-95 Date

904-493-2375 Daytime Phone #

0412529 FP