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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT #

DIVERSIFIED GOLF CARS, INC.

Principal Place of Business Mailing Address 5501 COMMERCE DR. STE. 104 5501 COMMERCE DR. STE. 104 ORLANDO FL 32839-2976 ORLANDO FL 32839-2976 3a. Date of Last Report 3. Date Incorporated or Qualified 04/14/1995 11/02/1978 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-1908838 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zip ☐ Yes ☐ No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) GANNON, PHILIP J. 82 **600 PINEVIEW TRAIL** 83 KISSIMMEE FL 34747 Zip Code 85 84 City 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. (2016 Bugstand April signal ire resulted when tensioning DATE SIGNATURE CR2E034 (12/95) Signature Typed or printed name of registered assist and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change Addition DELETE 1 1 TITLE TITLE GANNON, PHILIP J. L2 NAME NAME **600 PINEVIEW TRAIL** 1.3 STREET ADDRESS STREET ADDRESS KISSIMMEE FL 1.4 CHTY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE GANNON, JOHN J. 2.2 NAME NAME 600 PINEVIEW TRAIL 2.3 STREET ADDRESS STREET ADDRESS KISSIMMEE FL 2 4 CITY - ST - ZIP CHY-ST-ZIP Change Addition DELE IL 3 1 TIFLE TITLE GANNON, TRUDY 3.2 NAME NAME **600 PINEVIEW TRAIL** 3.3 STREET ADDRESS STREET ADDRESS KISSIMMEE FL 3 4 CITY - ST - ZIP CITY - ST - ZIP Addition DELETE 4. 1 TITLE TITLE 4.2 NAM6 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- 7IP CITY - ST - ZIP Change Addition DELETE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - 7IP CITY-SI-ZIP Change Addition DELETE 6 1 TITLE TITLE 6.3 STREET ADDRESS STREET ADDRESS

6 4 CiTY - ST - 21P

CITY - ST - ZIP

Trudy Jamon OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I do hereby certify that the information supplied with this fling 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 cath; 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