

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J31969

(5)

1. Corporation Name

DAVID'S DISCOUNT GOLF, INC.

Principal Place of Business

C/O JAMES A. DIXON, JR.
902 N. GADSDEN STREET
TALLAHASSEE FL 32303

Mailing Address

C/O JAMES A. DIXON, JR.
902 N. GADSDEN STREET
TALLAHASSEE FL 32303

FILED
Oct 01 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1986

4. FEI Number

59-2714336

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 DAVID C. SMITH

26 DAVID C. SMITH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 3636 SW ARCHER RD.

27 3636 SW ARCHER RD.

City & State

City & State

23 GAINESVILLE FL.

28 GAINESVILLE FL.

Zip

Country

Zip

Country

24 32608

25 USA

29 32608

30 USA

9. Name and Address of Current Registered Agent

DIXON, JAMES A., JR.
902 N. GADSDEN STREET
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

DAVID C. SMITH

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

83

3636 SW ARCHER RD.

84 City

GAINESVILLE

FL

85 Zip Code

32608

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

DAVID C. SMITH

DAVID C. SMITH

9-27-98

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 DPST ☐ DELETE

NAME SMITH, DAVID C.
STREET ADDRESS 12017 SW 122ND ST.
CITY-ST-ZIP GAINESVILLE FL

TITLE VD ☒ DELETE

NAME DIXON, JAMES A., JR.
STREET ADDRESS 902 N. GADSDEN ST.
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P.O. Box 142201
GAINESVILLE, FL 32614

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

14. I hereby certify that the information supplied with this filing 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:

DAVID C. SMITH

9-27-98

352-377-1541

CR2E034 (5/98)