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Mailing Address

10123 ADAMO DR

TAMPA FL 33619

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 15, 1999 8:00am

Secretary of State

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813-623-3706

02-15-1999 90024 034 ***150.00

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L93308

COTTONIC COLF. INC.

COTTON'S GOLF, INC.

Principal Place of Business

SIGNATURE:

10123 ADAMO DR

TAMPA FL 33619

3. Date Incorporated or Qualifed 08/13/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For ---59-3025374 -Not-Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip Country 8. This corporation owes the current year Intangible □No 30 Personal Property Tax. 💢 Yes 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name **NELMS. DOROTHY** Street Address (P.O. Box Number is Not Acceptable) 13042 JESS WALDEN RD. DOVER FL 33527 84 City 85 Zin 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. HELAAS SIGNATURE 77 (NOTE: Registered Agent signature required when reinstating) CR2E034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ☐ DELETE ☐ Addition 1.1 TITLE TITLE NELMS, VERNON D. 1.2 NAME NAME 13042 JESS WALDEN RD. 1.3 STREET ADDRESS STREET ADDRESS DOVER FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE 2.1 TITLE TITLE **NELMS. DOROTHY** 2.2 NAME NAME 13402 JESS WALDEN RD. 2.3 STREET ADDRESS STREET ADDRESS DOVER FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE 61 TITLE ☐ Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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, with all other like empowered.