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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P26213

(9)

MCGILL GOLF, INC.

FILED	
Mar 02 1998 8:00am]
Secretary of State	



Principal Place of Business Mailing Address 13300 VANTAGE WAY 13300 VANTAGE WAY							AIRII AIBII AIRII A	(#() #1811 (#F)	
JACKSONVILLE FL 32218 US JACKSONVILLE FL 322)			DO NOT WRITE IN THIS SPACE			
00		00				3. Date Incorporated or Qualified			
						09/28/1989		ŀ	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	Applied For	
21		26				65-0143267		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	— `			5. Certificate of Status Desired		Additional	
22		27	<u> </u>			-		Required	
City & State	e	City & State				6. Election Campaign Financing		May Be	
Zip	Country	7 _{IP}	Cou	intry		Trust Fund Contribution B. This corporation owes or has paid the		to Fees	
24	25	29	30			Personal Property Tax due June 30.		⊓tangibie □ No	
 1	9. Name and Address of Curren	1	100			10. Name and Address of New Registers			
MC	GROGAN, PATRICK A.			B1	Name				
	300 VANTAGE WAY			B2	Street Add	ress (P.O. Box Number is Not Acceptable)			
JA	CKSONVILLE FL 32218			83					
				Ш					
				84	City	F	L 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									
12.	Signature, typied or printed name of registered age: OFFICERS AND		E Registered	d Ager	nl signature requ	pred when reinstating) ADDITIONS/CHANGES TO OFFICERS A		DO MI TO	
TITLE	P	DELETE	1.1 10	T) F	·	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
NAME	GILLEY, THOMAS A.		1.2 NAM				C OMINGO		
STREET ADDRESS	SAS E 400ND STOPET				ADDRESS				
CITY-ST-ZIP	COLITY HOLLAND II			TY-ST					
TITLE	†		2.1 TI		-"		☐ Change	☐ Addition	
NAME	MCGROGAN, PATRICK A.		2.2 NA	ME			_		
STREET ADDRESS	1774 REGATTE		2.3 \$1	REET A	ADDRESS			j	
CITY-ST-ZIP	FERNANDINA BEACH FL		2 4 C	ITY-S	T- ZIP				
TITLE	——————————————————————————————————————		3.1 Til	TLE			Change	Addition	
NAME	GILLEY, GEORGE D.		3.2 NA	ME					
STREET ADDRESS			3.3 \$1	REET A	ADDRESS				
CITY-ST-ZIP	SOUTH HOLLAND IL	· · · · · · · · · · · · · · · · · · ·	3.4. C	ITY - \$1	T-ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE	D	DELETE	4.1 Til				Change	Addition	
NAME	GILLEY, LINDA B.		4. 2 N						
STREET ADDRESS	525 E 162ND ST SOUTH HOLLAND IL				ADDRESS				
CITY-ST-ZIP	D D	DELETE		TY-ST	- ZIP		Change	Addition	
TITLE	MCGROGAN, FRANCES S.	ר אנונונ	5.1 TI				Change	☐ Addition	
NAME CORET ADDOCCO	1014 REGATTA		5.2 NA		1000000				
STREET ADDRESS	FERNANDINA BEACH FL				ADDRESS			1	
CITY-ST-ZIP TITLE	D D	DELETE	5.4 CI	TY-ST	- ZIP		Change	Addition	
NAME	GILLEY, SHEILA S.	- Detect	6.1 N				The Alice		
STREET ADDRESS	525 E. 162ND STREET				ADORESS				
1	SOUTH HOLLAND IL								
CITY-ST-ZIP			0.4 GI	1Y-51	- 215	6 - C - 446 67(6)(2) Et - 41. 6 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -			

g does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information port is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an flee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address.

741-6161