

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 17 PM 2: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000031722 (0)

1. Corporation Name
NINETEENTH HOLE, INC.

Principal Place of Business Mailing Address
**6100 S.FEDERAL HWY. 7557 SE PELICAN WAY
STUART FL 34986 HOBE SOUND FL 33455**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/30/1993** 3a. Date of Last Report **08/18/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **59-3178413** Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BURNS, RICHARD J
7557 S.E. PELICAN WAY
HOBE SOUND FL 33455**

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 constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **DPT**
NAME **BURNS, RICHARD J**
STREET ADDRESS **7557 SE PELICAN WAY**
CITY-ST-ZIP **HOBE SOUND FL 33455**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **V/S**
NAME **BURNS, THERESA M**
STREET ADDRESS **7557 SE PELICAN WAY**
CITY-ST-ZIP **HOBE SOUND FL 33455**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **M**
NAME **BURNS, STEPHEN R**
STREET ADDRESS **8 APPETREE LN**
CITY-ST-ZIP **WILMINGTON MA 01887**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D**
NAME **BURNS, MICHAEL J**
STREET ADDRESS **37 CLIFFR AVE.**
CITY-ST-ZIP **LEXINGTON MA 02173**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **C**
NAME **BURNS, ROBERT J**
STREET ADDRESS **37 CLUFFE AVE.**
CITY-ST-ZIP **LEXINGTON MA 02173**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **C**
NAME **BURNS, ARLINE A**
STREET ADDRESS **37 CLUFFE AVE.**
CITY-ST-ZIP **LEXINGTON MA 02173**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 registered or true and accurate empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable, or on an attached form with my address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/95
DATE