

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

**APPROVED  
AND  
FILED**

**95 MAY -1 PH 3:09**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**CORPORATION  
ANNUAL REPORT  
1995**

**FLORIDA DEPARTMENT OF STATE  
Carroll B. Murrain  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # P94000003155**

**Bumper Golf on Wheels Inc.**  
Principal Place of Business: UNIT 246  
Mailing Address: 22770 S. TAMiami TRAIL  
ESTERO, FL. 33928

**600001482646  
-05/10/95--01065--001  
\*\*\*200.00 \*\*\*200.00**

DO NOT WRITE IN THIS SPACE

21 Principal Place of Business		2a. Mailing Address	
22 State Apt # etc		26 State Apt # etc	
23 City & State		27 City & State	
24 City	25 Locality	29 City	30 Locality

3. Date Incorporated or Qualified	3a. Date of Last Report
1/6/94	
4. FEI Number	Applied For
65-0458079	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HARDY F. DARDEN				01 Name			
22770 S. TAMiami TR.				02 Street Address (P O Box Number is Not Acceptable)			
ESTERO, FL.				03			
33928 UNIT 246				04 City			
				FL 05 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 \_\_\_\_\_ (Type or print name of registered agent and FEI number)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	12 NAME		
STREET ADDRESS	13 STREET ADDRESS		
CITY ST ZIP	14 CITY ST ZIP		
TITLE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	22 NAME		
STREET ADDRESS	23 STREET ADDRESS		
CITY ST ZIP	24 CITY ST ZIP		
TITLE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	32 NAME		
STREET ADDRESS	33 STREET ADDRESS		
CITY ST ZIP	34 CITY ST ZIP		
TITLE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	42 NAME		
STREET ADDRESS	43 STREET ADDRESS		
CITY ST ZIP	44 CITY ST ZIP		
TITLE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	52 NAME		
STREET ADDRESS	53 STREET ADDRESS		
CITY ST ZIP	54 CITY ST ZIP		
TITLE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	62 NAME		
STREET ADDRESS	63 STREET ADDRESS		
CITY ST ZIP	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119 07(1)(b), Florida Statutes. I further certify that the information included 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 147, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 21 or in an attachment with an address.

SIGNATURE: *Hardy F. Darden* HARDY F. DARDEN 5/1/95 <sup>8:3</sup> 495-987