

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 16 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000063828 (5)

1. Corporation Name

BOBBY GRACE GOLF DESIGN INC.

Principal Place of Business

4565 DEVONSHIRE BLVD.
PALM HARBOR FL 34685

Mailing Address

4565 DEVONSHIRE BLVD.
PALM HARBOR FL 34685

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/26/1994

3a. Date of Last Report

2. Principal Place of Business

21 2200 26 ST. N.

2a. Mailing Address

26 2200 26 ST. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ST. PETERSBURG, FL

City & State

28 ST. PETERSBURG, FL

Zip

24 33713

Country

25 U.S.

Zip

29 33713

Country

30 U.S.

4. FEI Number

59-3262609

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

GRACE, BOBBY
4565 DEVONSHIRE BLVD.
PALM HARBOR FL 34685

10. Name and Address of New Registered Agent

81 Name

- SAME -

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

2200 26 ST. N.

83

84 City

ST. PETERSBURG

FL

85 Zip Code

33713

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

Robert M. Grace

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-10-95

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRACE, BOBBY
4565 DEVONSHIRE BLVD.
PALM HARBOR FL 34685

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

PRESIDENT
GRACE, BOBBY
2200 26 ST. N.
ST. PETERSBURG, FL 33713

☒ Change ☐ Addition

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

SECRETARY
GRACE, ANN
2200 26 ST. N.
ST. PETERSBURG, FL 33713

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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:

Robert M. Grace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-95

Date

(813) 327-9633

Telephone Number