## I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JONATHAN POWELL

Electronic Signature of Signing Officer/Director Detail

# Name and Address of Current Registered Agent:

POWELL, JONATHAN MMR. 2300 NORTH SCENIC HIGHWAY LAKE WALES, FL 33898 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

## SIGNATURE: JONATHAN M. POWELL

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Title Ρ Name POWELL, JONATHAN MMR. Address 216 LAKE LINK ROAD City-State-Zip: WINTER HAVEN FL 33884

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#### DOCUMENT# P04000119616

Entity Name: JONATHAN M. POWELL PGA GOLF SERVICES, INC.

## **Current Principal Place of Business:**

2300 N. SCENIC HWY. LAKE WALES. FL 33989

#### **Current Mailing Address:**

2300 N. SCENIC HWY. LAKE WALES. FL 33989

## FEI Number: 20-1542917

Certificate of Status Desired: No

01/29/2021 Date

01/29/2021

FILED Jan 29, 2021 Secretary of State 9588491032CC

PRESIDENT

Date