

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 173712 (1)
1. Corporation Name

PERRY GOLF AND COUNTRY CLUB INC THE



Principal Place of Business
GOLF COURSE ROAD
P.O. BOX 908
PERRY FL 32347

Mailing Address
GOLF COURSE ROAD
P.O. BOX 908
PERRY FL 32347

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
05/01/1953

3a. Date of Last Report
06/07/1995

4. FEI Number
59-0777965

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

10. Name and Address of New Registered Agent

GRANT, DONALD
100 PINE TREE ROAD
PERRY FL 32347

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

Donald Grant

(Signature of Registered Agent required for change of registered office)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME P
STREET ADDRESS TAYLOR, JOHN C
CITY-STATE-ZIP 34 N. WILDER ST.
PERRY FL

TITLE ☐ DELETE
NAME VP
STREET ADDRESS LAMB, WALT J
CITY-STATE-ZIP 1801 JOHNSON STRIPLING
PERRY FL

TITLE ☐ DELETE
NAME T
STREET ADDRESS TOWNSON, THOMAS
CITY-STATE-ZIP ROUTE 5 BOX 348
PERRY FL

TITLE ☐ DELETE
NAME S
STREET ADDRESS CALHOUN, BILL
CITY-STATE-ZIP ROUTE 5 BOX 594
PERRY FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME DYAL, PAUL
13 STREET ADDRESS 418 N. WASHINGTON
14 CITY-STATE-ZIP PERRY, FL 32347

21 TITLE ☒ Change ☐ Addition
22 NAME TAYLOR, JOHN C.
23 STREET ADDRESS 311 N. WILDER ST.
24 CITY-STATE-ZIP PERRY, FL 32347

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE ☒ Change ☐ Addition
42 NAME DICKY, MARCUS
43 STREET ADDRESS 251 N. HELEN ST.
44 CITY-STATE-ZIP PERRY, FL 32347

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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 Section 119.07(3)(k), 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:

John C Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF FILING

(904) 584-6662

CR2E034 (12/95)