

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90219 020 ***150.00

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DOCUMENT # 173712

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1953

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

GRANT, DONALD
100 PINE TREE ROAD
PERRY FL 32347

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S
NAME LINCOLN, DONALD D
STREET ADDRESS 4131 BOLHILL DR
CITY-ST-ZIP PERRY FL 32347

☐ DELETE

TITLE VP
NAME COLSON, GORDON T
STREET ADDRESS RT 1 BOX 467
CITY-ST-ZIP MAYO FL 32066

☐ DELETE

TITLE P
NAME TAYLOR, JOHN C.
STREET ADDRESS 311 N. WILDER ST.
CITY-ST-ZIP PERRY FL 32347

☐ DELETE

TITLE T
NAME BASSETT, JAMES C
STREET ADDRESS 2197 US HWY 19 SOUTH
CITY-ST-ZIP PERRY FL 32347

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S
1.2 NAME COLSON, GORDON T.
1.3 STREET ADDRESS RTE 1 BOX 467
1.4 CITY-ST-ZIP MAYO, FL 32066

☒ Change

☐ Addition

2.1 TITLE VP
2.2 NAME GRANT, WILLIAM R.
2.3 STREET ADDRESS P.O. Box 580
2.4 CITY-ST-ZIP PERRY, FL 32347

☒ Change

☐ Addition

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

☐ Change

☐ Addition

4.1 TITLE TR EAS
4.2 NAME PELT, MARK
4.3 STREET ADDRESS 1000-A S-JEFFERSON ST.
4.4 CITY-ST-ZIP PERRY, FL 32347

☒ 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 with all other like empowered.

SIGNATURE:

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

1/22/99
Date

584-6662
Daytime Phone #

CR2E034 (11/98)