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

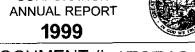
**PROFIT** CORPORATION



## **Katherine Harris**

## **FILED** Mar 01, 1999 8:00 am FLORIDA DEPARTMENT OF STATE **Secretary of State**

03-01-1999 90219 020 \*\*\*150.00



Country

9. Name and Address of Current Registered Agent

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1999		Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1  1. Corporation Name PERRY GOLF AND COU		Ē	
Principal Place of Business	Mailing	Address	
GOLF COURSE ROAD		OURSE ROAD	
P.O. BOX 908 PERRY FL 32347	P.O. BO Perry I	IX 908 FL 32347	
			3.
2. Principal Place of Business	2a. Mai	ling Address	4.
21	26		
Suite, Apt. #, etc.	<del> </del>	te, Apt. #, etc.	5.
22	27		
City & State	City	/ & State	6.

Zip

29

DO NOT WRITE IN THIS SPACE Date Incorporated or Qualifed 05/01/1953 FEI Number Applied For 59-0777965 Not Applicable \$8.75 Additional Certifcate of Status Desired Fee Required \$5.00 May Be Election Campaign Financing Added to Fees Trust Fund Contribution This corporation owes the current year Intangible □No Personal Property Tax. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

GRANT, DONALD 100 PINE TREE ROAD **PERRY FL 32347** 

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	83						
	84	City				85	Zip Code
	•	J,			FI		- •
						ш	
Statutes the al	201/6	anamed corn	oration submits this	statement for the p	ournose of ch	าลกด	ina its reaistered
Clarates, tile at	J 6	the same and	n's board of direct	ore I hereby accent	the appoint	meni	as registered

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Re	gistered Agent signature r	equired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	S	☐ DELETE	1.1 TITLE	5 = 2 = 1 = 1 =	Change	☐ Addition
NAME	LINCOLN, DONALD D		1.2 NAME	COLSON BOLDIN TO RIE 1 BOX 467		
STREET ADDRESS	4131 BOLHILL DR	i	1.3 STREET ADDRESS	RTEI BOX 467		
CITY-ST-ZIP	PERRY FL 32347		1.4 CITY-ST-ZIP	MAYO, FL 12066 CRANT, WILLIAM R PO-BOX 580		
TITLE	VP	☐ DELETE	2.1 TITLE	YP - WHILE	Change	☐ Addition
NAME	COLSON, GORDON T		2.2 NAME	GRANT, WILLIAM		
STREET ADDRESS	RT 1 BOX 467		2.3 STREET ADDRESS	PERRY PL 32348		
CITY-ST-ZIP	MAYO FL 32066		2. 4 CITY-ST-ZIP	PERRY PL SECTO		
TITLE	P	☐ DELETE	31TMLE		☐ Change	☐ Addition
NAME	TAYLOR, JOHN C.		3.2 NAME			
STREET ADDRESS	311 N. WILDER ST.		3.3 STREET ADDRESS			
CITY-ST-ZIP	PERRY FL 32347		3.4 CITY-ST-ZIP			
TITLE	T	☐ DELETE	4.1 TITLE	TREAS	Change	Addition
MAME	BASSETT, JAMES C		4. 2 NAME	PEUT, CARL		
STREET ADDRESS	2197 US HWY 19 SOUTH		4 3 STREET ADDRESS	PERT, MAHE 1000-A 5-DEFFERMAN ST. DERRY, FL 32347		,
CITY-ST-ZIP	PERRY FL 32347		4.4 C/TY-ST-Z/P	DERRY, FL 32341		
TITLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			Ĭ
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			1
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

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 by a state that my name appears in the corporation or the receiver of trustee empowered.

SIGNATURE: