

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
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90187 047 ***150.00

DOCUMENT # 394452

1. Corporation Name

ADVENTURES IN GOLF, INC.

Principal Place of Business

695 SW BROAD ST
SOUTHERN PINE NC 28387
US

Mailing Address

695 SW BROAD ST
SOUTHERN PINE NC 28387
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1972

4. FEI Number

59-1381124

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

9. Name and Address of Current Registered Agent

SPONDER, STEVE
1491 GULFVIEW EAST
PEMBROKE PINES FL 33026

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	PD	<input type="checkbox"/> DELETE
NAME	SMITH, DOUGLAS C	
STREET ADDRESS	695 SW BROAD ST	
CITY-ST-ZIP	S. PINES NC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH, FRANCES M	
STREET ADDRESS	695 SW BROAD ST	
CITY-ST-ZIP	S. PINES NC	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CROWEL, GLENNA B	
STREET ADDRESS	85 HARLOW ROAD	
CITY-ST-ZIP	PINCHURST NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENOIT, JOHN	
STREET ADDRESS	325 S. WEYMOUTH RD	
CITY-ST-ZIP	SOUTHERN PINES NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NOWELL, WILLIAM C	
STREET ADDRESS	287 FULCHERS LANDING RD	
CITY-ST-ZIP	SNEADS PERRY NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CROWEL, TERRY	
STREET ADDRESS	85 HARLOW RD	
CITY-ST-ZIP	PINEHURST NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frances M. Smith 1/10/99 910-692-3741

Date

Daytime Phone #

CR2E034 (1/98)