FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 10 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **461035** **(8)**

1. Corporation Name
GOLF HOST SECURITIES, INC.

Principal Place of Business	Mailing Address
36750 U.S. HWY. 19 N. PALM HARBOR FL 34684	36750 U.S. HWY. 19 N. PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/13/1974**
3a. Date of Last Report: **02/28/1994**

2. Principal Place of Business
21:
22: Suite, Apt. #, etc.:
23: City & State:
24: Zip:
25: Country:

2a. Mailing Address
26: P.O. Box 1088
27: Suite, Apt. #, etc.:
28: City & State: Tarpon Springs, FL
29: Zip: 34688-1088
30: Country: USA

4. FEI Number: **59-1566781** ☐ 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

HILL, LEWIS H., III
FOLEY & LARDNER
101 E KENNEDY BLVD, BARNETT PLZ #3650
TAMPA FL 33602

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BENGIVENGO, DOMINIC	12 NAME	
STREET ADDRESS	36750 US HWY 19 NORTH	13 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	14 CITY-ST-ZIP	
TITLE	VDS	21 TITLE	☐ Change ☐ Addition
NAME	WADSWORTH, STANLEY D	22 NAME	
STREET ADDRESS	4418 HIGHWAY 160 W	23 STREET ADDRESS	
CITY-ST-ZIP	HESPERUS CO	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	O'BRIEN, DENNIS	32 NAME	
STREET ADDRESS	40929 US HWY 550N	33 STREET ADDRESS	
CITY-ST-ZIP	DURANGO CO	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	LE'ROY, CYNTHIA	42 NAME	
STREET ADDRESS	36750 US HWY 19 NORTH	43 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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)(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.

SIGNATURE: Cynthia S. Le'Roy Cynthia S. Le'Roy/Treasurer 1/25/95 (813) 942-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0940036 CP

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE $200.00	ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

Reminder:

1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible.
2. Include information in Blocks 3 and 4 if not preprinted by the computer.
3. Signature of the proper officer or director as noted in instructions for Block 14.
4. Indicate liability for intangible tax under
5. Submit with total amount due in the form
   Fee is $200.00.

461035
4/4/95

Miss Hendrixson:.

We have stopped payment on the previous check (#16220) which seems to have gotten lost in the mail somehow. We went ahead and re-issued the check for $200.00 to cover the filing fee for Golf Host Securities, Inc. If there is anything else you need, please call.

Nancy Innucci
Administrative Asst. to
VP & Treasurer

Block 1.	Block 1 is preprinted with the corporation's of corporation cannot be changed by way o
Block 2.	Enter the principal place of business if diffe
Block 2a.	If the computer-entered mailing address in
Block 3.	Enter the date of incorporation or qualificati
Block 3a.	Enter the file date of the last filed annual re
Block 4.	Complete Block 4 by entering your Federal now provide the FEI number. For assistanc
Block 5.	Should you desire a certificate reflecting yo fee.
Block 6.	Florida law allows for a voluntary contributi and members of the Cabinet. If you would l
Block 8.	Check the appropriate box. Please direct all
Block 9.	The law requires that each corporation hav in Block 10. There is no additional fee to ch
Block 10.	Enter name of new Registered Agent and/o THE CORPORATION CANNOT BE ITS OWN
Block 11.	The new registered agent must indicate fan signing in Block 11. No signature is necess their position with the corporation. NOTE: I
Block 12.	Block 12 contains the last information on o block 13. If there is no change in the inform
Block 13.	Block 13 is for changes or additions to the title line: *P=President; V=Vice President; T* *positions, e.g., S/D; V/S; V/T/D.* NOTE: A D pursuant to Section 119.07(k), Florida Stat the mailing address and "N/A".
Block 14.	This report must be signed in Block 14 wit in Block 12, Block 13 if a change, or on an A signature placed on an attachment in li

ites Bank to Department of State.)

reported to our office. The name

id, in Block 2.

itable.

s preprinted in Block 4, you must

an additional $8.75 with your filing

aigns for the offices of the Governor

rrect, enter the correct information

acceptable for service of process.

his appointment by completing and
lion, the person signing must state

lions or additions are to be made in

the following type symbols on the
ds more than one position, enter all
or director's address is confidential
. If there is no street address, enter

ector of the Corporation that is listed
e signed by the trustee or receiver.

Send only 1995 Preprinted Annual Reports with stub and check to:

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500
Phone Number: (904) 487-6056

Send all other filings and correspondence to this address:

Annual Reports Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Street Address (Overnight Delivery):
409 East Gaines Street
Tallahassee, Florida 32399

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.