FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

GOLF HOST SECURITIES, INC.

Principal Place of Business

36750 U.S. HWY. 19 N.
PALM HARBOR FL 34684

Mailing Address

PO BOX 1088
TARPON SPRINGS FL 34688
US

3. Date Incorporated or Qualified: **09/13/1974**	3a. Date of Last Report: **04/10/1995**
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	

2. Principal Place of Business — 21
Street, Apt. #, etc. — 22
City, State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Street, Apt. #, etc. — 27
City, State — 28
Zip — 29 / Country — 30

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: (Signature of New Registered Agent, if changing) (Signature of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BENGIVENGO, DOMINIC		1.2 NAME		
STREET ADDRESS	36750 US HWY 19 NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP		
TITLE	VDS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WADSWORTH, STANLEY D		2.2 NAME		
STREET ADDRESS	4418 HIGHWAY 160 W		2.3 STREET ADDRESS		
CITY-ST-ZIP	HESPERUS CO		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	O'BRIEN, DENNIS		3.2 NAME		
STREET ADDRESS	40929 US HWY 550N		3.3 STREET ADDRESS		
CITY-ST-ZIP	DURANGO CO		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LE'ROY, CYNTHIA		4.2 NAME		
STREET ADDRESS	36750 US HWY 19 NORTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
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		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 a address.

SIGNATURE: Dominic Bengivengo — 1/22/96 — (813) 942-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

President