

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OCTOBER 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Tallahassee
Division of Corporations

DOCUMENT # 633769 (5)

1. Corporation Name

NORTH FLORIDA GOLF MANAGEMENT, INC.



Principal Place of Business

Mailing Address

300 S LAKE TRIPLET DR
CASSELBERRY FL 32707

300 S LAKE TRIPLET DR
CASSELBERRY FL 32707

3. Date Incorporated or Qualified

08/27/1979

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 12121 PHILLIPS HWY

26 12121 PHILLIPS HWY

4. FEI Number

59-1931530

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 JACKSONVILLE FL

27

City & State

City & State

23 32082

28 JACKSONVILLE, FL

Zip

Zip

24 32082

Country

29 32082

Country

25 U.S.

30 U.S.

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

10. Name and Address of New Registered Agent

HOLMES, GARY
300 S. LAKE TRIPLET DRIVE
CASSELBERRY FL 32767

81 Name

HOLMES, GARY

82 Street Address (P.O. Box Number is Not Acceptable)

475 OSPREY PT

83

P.V. FLORIDA, 32082

84

PONTE VEDRA

FL

85 Zip Code

32082

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLMES, GARY	
STREET ADDRESS	330 S. LAKE TRIPLET DR	
CITY - ST - ZIP	CASSELBERRY FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MIDDLETON, CASEY	
STREET ADDRESS	300 S. LAKE TRIPLET DR	
CITY - ST - ZIP	CASSELBERRY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

PD

☒ Change ☐ Add

12 NAME

GARY HOLMES

13 STREET ADDRESS

475 OSPREY PT

14 CITY - ST - ZIP

PONTE VEDRA, FL 32082

21 TITLE

☐ Change ☐

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

☐ Change ☐

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

☐ Change ☐

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

☐ Change ☐

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

☐ Change ☐

62 NAME

63 STREET ADDRESS

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)(k), Florida Statutes, 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-26-96

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