

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

2651-1/CJ

FILED

May 06 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 633782 (8)

1. Corporation Name

BOBBY JONES MANAGEMENT CORP.

Principal Place of Business

P.O. BOX 49948
SARASOTA FL 34230

Mailing Address

P.O. BOX 49948
SARASOTA FL 34230-6948

3. Date Incorporated or Qualified

08/27/1979

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1936934

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

JOHNSTON, CATHY
12651 WALSLINGHAM RD.
SUITE E
LARGO FL 34844

10. Name and Address of New Registered Agent

81 Name

MILHORN, Catha K.

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

240 S. Pineapple Ave

83

10 Floor

84 City

Sarasota

FL

85 Zip Code
34236

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

Sign

Title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

4/28/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DESENBERG, CHARLES	
STREET ADDRESS	1934 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA FL 34236	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HANAN, LEWIS	
STREET ADDRESS	1830 S TUTTLE AVE	
CITY-ST-ZIP	SARASOTA FL	

TITLE	STDV	<input type="checkbox"/> DELETE
NAME	BAND, DAVID S	
STREET ADDRESS	240 S. PINEAPPLE AVE.	
CITY-ST-ZIP	SARASOTA 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	1934 RINGLING BLVD
14 CITY-ST-ZIP	

21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	

31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	

41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	

51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	

61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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.

SIGNATURE

David S. Band
Vice President

2/4/97

941/366-6660

CR2E034 (9/96)