

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 22 AM 8:55

DOCUMENT # 637696 (6)

1. Corporation Name

SANDALFOOT COVE PRACTICE DRIVING RANGE, INC.

Principal Place of Business

Mailing Address

370 SE 14 AVE
POMPANO BEACH FL 33060
7526 Silverwoods Ct
Boca Raton, FL 33433

370 SE 14 AVE
POMPANO BEACH FL 33060
7526 Silverwoods Ct
Boca Raton, FL 33433

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/26/1979

3a. Date of Last Report

04/08/1994

4. FEI Number

59-1950566

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 7526 Silverwoods Ct

2a. Mailing Address

26 7526 Silverwoods Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Boca Raton, FL

City & State

28 Boca Raton, FL

Zip

24 33433

Country

25 USA

Zip

29 33433

Country

30 USA

9. Name and Address of Current Registered Agent

CRISSEY, HOWARD J.
370 SE 14TH AVENUE
POMPANO BEACH FL 33060
Deceased

10. Name and Address of New Registered Agent

81 Name

NANCY CRISSEY

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

7526 Silverwoods Ct

83

84 City

Boca Raton

FL

85 Zip Code

33433

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

Nancy Crissy

NANCY CRISSEY

6/20/95

Signature (Typed name of registered agent and title if applicable)

NOTE: Registered Agent signature required when reconstituting

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

CRISSEY, ROBERT J.

STREET ADDRESS

7526 SILVERWOODS CT

CITY - ST - ZIP

BOCA RATON FL

TITLE

S

NAME

CRISSEY, HOWARD J.

NANCY CRISSEY
7526 Silverwoods Ct
Boca Raton, FL

STREET ADDRESS

370 SE 14 AVE

CITY - ST - ZIP

POMPANO BEACH FL

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS (Check)

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(3)(b), 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:

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Crissy

6/20/95

407(482-1607)