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95 MAY -1 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 708274 (6)

1. Corporation Name

CLEWISTON GOLF COURSE, INC.

Principal Place of Business

Mailing Address

1200 SAN LUIZ
P.O. BOX 998
CLEWISTON FL 33440

1200 SAN LUIZ
P.O. BOX 998
CLEWISTON FL 33440

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/17/1964 3a. Date of Last Report 05/01/1994
4. FEI Number 59-6000029 Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

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

HENDRY, JOE M.
500 BOWDEN ROAD
CLEWISTON FL 33440

81 Name Jack BASQUIN
82 Street Address (P.O. Box Number is Not Acceptable) 107 SUGARLAND Circle
83
84 City Clewiston FL 85 Zip Code 33440

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

Jack Basquin

Signature typed or printed name of registered agent and the # applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

4/21/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CAMP, BERTHA
STREET ADDRESS 800 CEDAR STREET
CITY - ST - ZIP CLEWISTON, FL 0

11 TITLE ~~McCallum, John D~~ Change ☒ Addition ☐
12 NAME ~~203 Via Del Agua~~
13 STREET ADDRESS ~~Clewiston, FL 33440~~
14 CITY - ST - ZIP

TITLE VP
NAME BASQUIN, JACK
STREET ADDRESS 107 SUGARLAND CIR
CITY - ST - ZIP CLEWISTON FL

21 TITLE ~~Whitehead, Joe VP/D~~ Change ☒ Addition ☐
22 NAME ~~108 Myrtle Ln~~
23 STREET ADDRESS ~~Clewiston, FL 33440~~
24 CITY - ST - ZIP

TITLE PD
NAME HENDRY, JOE M.
STREET ADDRESS 500 BOWDEN ROAD
CITY - ST - ZIP CLEWISTON FL

31 TITLE ~~Basquin, Jack P/D~~ Change ☒ Addition ☐
32 NAME ~~107 Sugarland Circle~~
33 STREET ADDRESS ~~Clewiston, FL 33440~~
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE ~~McCallum, John D~~ Change ☒ Addition ☐
42 NAME ~~203 Via Del Agua~~
43 STREET ADDRESS ~~Clewiston, FL 33440~~
44 CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

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52 NAME ~~108 Myrtle Ln~~
53 STREET ADDRESS ~~Clewiston, FL 33440~~
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ~~Basquin, Jack D~~ Change ☒ Addition ☐
62 NAME ~~107 Sugarland Circle~~
63 STREET ADDRESS ~~Clewiston, FL 33440~~
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 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

Jack Basquin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95

813-483-1448