

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **821635** (0)

1. Corporation Name

**SIR GOONY GOLF OF ST PETERSBURG INC**



Principal Place of Business

5954 BRAINERD ROAD  
CHATTANOOGA TENNESSEE 37421

Mailing Address

5954 BRAINERD ROAD  
CHATTANOOGA TENNESSEE 37421

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**07/10/1968**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number

**59-1216453**

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

10. Name and Address of New Registered Agent

**O'DELL, ELIZABETH MAGRATH  
708 S. OCEAN DRIVE  
FT. PIERCE FL 34949**

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 607.0501, Florida Statutes.

SIGNATURE

Signature of the person making the registration change

NOTE: If a new Agent signature is required, use this space.

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                | STREET ADDRESS     | CITY-STATE-ZIP       | <input type="checkbox"/> DELETE |
|-------|---------------------|--------------------|----------------------|---------------------------------|
| PT    | MAGRATH, E.K., JR.  | 5954 BRAINERD ROAD | CHATTANOOGA TN       | <input type="checkbox"/>        |
| S     | MAGRATH, E K III    | 5954 BRAINERD ROAD | CHATTANOOGA TN 37421 | <input type="checkbox"/>        |
| D     | O'DELL, ELIZABETH M | 708 S. OCEAN DRIVE | FT PIERCE FL 34949   | <input type="checkbox"/>        |
|       |                     |                    |                      | <input type="checkbox"/>        |
|       |                     |                    |                      | <input type="checkbox"/>        |
|       |                     |                    |                      | <input type="checkbox"/>        |
|       |                     |                    |                      | <input type="checkbox"/>        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|----------------|---------------------------------|-----------------------------------|
|       |      |                |                | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                | <input type="checkbox"/>        | <input type="checkbox"/>          |

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)(g), 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: **E. K. Magrath, III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*E.K. Magrath III*

423/892-7264

(10)

DATE FILED

CR2E034 (12/95)