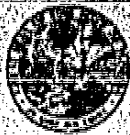


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Northing
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 24 PM 2:35

DOCUMENT # 828679 (1)

1. Corporation Name

**WADSWORTH GOLF CONSTRUCTION COMPANY OF THE SOUTH
EAST**

Principal Place of Business

Mailing Address

200 FOREST LAKES BLVD
PO BOX 388
OLDSMAR FL 34677

200 FOREST LAKES BLVD
PO BOX 388
OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

09/19/1972

03/24/1994

4. FEI Number

Applied For

59-1381059

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, 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

10. Name and Address of New Registered Agent

HILL, LEWIS H
FOLEY & LARDNER & HILL
ONE TAMPA CITY CENTER-SUITE 2900
TAMPA FL 33601

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 607.1506, 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 signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHAPLAND, JON
STREET ADDRESS	200 FOREST LAKES BLVD
CITY-ST-ZIP	OLDSMAR FL
TITLE	D
NAME	WADSWORTH, BRENT
STREET ADDRESS	200 FOREST LAKES BLVD
CITY-ST-ZIP	OLDSMAR FL
TITLE	VD
NAME	ELDREDGE, PAUL
STREET ADDRESS	1901 VAN DYKE RD.
CITY-ST-ZIP	PLAINFIELD ILL
TITLE	S
NAME	RAGSDALE, WAYNE
STREET ADDRESS	200 FOREST LAKES BLVD.
CITY-ST-ZIP	OLDSMAR, FL 00000
TITLE	T
NAME	MORROW, GERALD
STREET ADDRESS	1824 KENILWORTH PLACE
CITY-ST-ZIP	AURORA IL
TITLE	D
NAME	COTTER, JOHN
STREET ADDRESS	1901 VAN DYKE RD
CITY-ST-ZIP	PLAINFIELD IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
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 verifiably furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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, director or 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 or change, or on an attachment with an addition.

SIGNATURE:

Jon Shapland, President

1/18/95

813/854-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #