FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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.

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 09/19/1972
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-1381059 ☐ 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SHAPLAND, JON	1.2 NAME	
STREET ADDRESS	200 FOREST LAKES BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WADSWORTH, BRENT	2.2 NAME	
STREET ADDRESS	200 FOREST LAKES BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	ELDREDGE, PAUL	3.2 NAME	
STREET ADDRESS	1901 VAN DYKE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLAINFIELD ILL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	RAGSDALE, WAYNE	4.2 NAME	
STREET ADDRESS	200 FOREST LAKES BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR, FL 00000	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	MORROW, GERALD	5.2 NAME	
STREET ADDRESS	1024 KENILWORTH PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	AURORA IL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	COTTER, JOHN	6.2 NAME	
STREET ADDRESS	1901 VAN DYKE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLAINFIELD IL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is currently furnished and 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: Jon Shapland, President 1/18/95 813/854-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480000 FP