

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 828679 (1)

1. Corporation Name

WADSWORTH GOLF CONSTRUCTION COMPANY OF THE SOUTH
EAST

Principal Place of Business

200 FOREST LAKES BLVD
PO BOX 388
OLDSMAR FL 34677

Mailing Address

200 FOREST LAKES BLVD
PO BOX 388
OLDSMAR FL 34677



3. Date Incorporated or Qualified
09/19/1972

3a. Date of Last Report
01/24/1995

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

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 607.1508, 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

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

SHAPLAND, JON

STREET ADDRESS

200 FOREST LAKES BLVD

CITY- ST- ZIP

OLDSMAR FL

TITLE

D

☐ DELETE

NAME

WADSWORTH, BRENT

STREET ADDRESS

200 FOREST LAKES BLVD

CITY- ST- ZIP

OLDSMAR FL

TITLE

VD

☐ DELETE

NAME

ELDRIDGE, PAUL

STREET ADDRESS

1901 VAN DYKE RD.

CITY- ST- ZIP

PLAINFIELD ILL

TITLE

S

☐ DELETE

NAME

RAGSDALE, WAYNE

STREET ADDRESS

200 FOREST LAKES BLVD.

CITY- ST- ZIP

OLDSMAR, FL 00000

TITLE

T

☐ DELETE

NAME

MORROW, GERALD

STREET ADDRESS

1824 KENILWORTH PLACE

CITY- ST- ZIP

AURORA IL

TITLE

D

☐ DELETE

NAME

COTTER, JOHN

STREET ADDRESS

1901 VAN DYKE RD

CITY- ST- ZIP

PLAINFIELD IL

TITLE

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)(k), 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, unchanged, or in an attachment with an address.

SIGNATURE:

Jon Shapland, President

1/31/96

813/854-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)