

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 27 1997 8:00am
Secretary of State

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 34677-0007

3. Date Incorporated or Qualified

09/19/1972

3a. Date of Last Report

02/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
SHAPLAND, JON
STREET ADDRESS 200 FOREST LAKES BLVD
CITY-ST-ZIP OLDSMAR FL

TITLE ☐ DELETE

NAME D
WADSWORTH, BRENT
STREET ADDRESS 200 FOREST LAKES BLVD
CITY-ST-ZIP OLDSMAR FL

TITLE ☐ DELETE

NAME VD
ELDREDGE, PAUL
STREET ADDRESS 1901 VAN DYKE RD.
CITY-ST-ZIP PLAINFIELD ILL

TITLE ☐ DELETE

NAME S
RAGSDALE, WAYNE
STREET ADDRESS 200 FOREST LAKES BLVD.
CITY-ST-ZIP OLDSMAR, FL 00000

TITLE ☐ DELETE

NAME T
MORROW, GERALD
STREET ADDRESS 1824 KENILWORTH PLACE
CITY-ST-ZIP AURORA IL

TITLE ☐ DELETE

NAME D
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon Shapland, president

1/17/97

813/854-2400

Date

Daytime Phone #

0453734

CR2E034 (9/96)