

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 831041 (9)**  
1. Corporation Name  
**SIR GOONY GOLF OF BLANDING BOULEVARD, INC.**



Principal Place of Business: **5954 BRAINERED ROAD CHATTANOOGA TN 37421**  
Mailing Address: **5954 BRAINERED ROAD CHATTANOOGA TN 37421**

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

3. Date Incorporated or Qualified: **10/11/1973**  
3a. Date of Last Report: **05/01/1995**  
4. FBI Number: **62-0902006** 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**

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

**10. Name and Address of New Registered Agent**  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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 607.0502, Florida Statutes.

SIGNATURE

Signature (typed name of officer, director, or authorized representative)

Printed Name (Typed name of signing officer or director)

DATE

**12. OFFICERS AND DIRECTORS**

DELETE  
TITLE: **P**  
NAME: **MAGRATH, E.K., III**  
STREET ADDRESS: **5954 BRAINERED ROAD**  
CITY-STATE-ZIP: **CHATTANOOGA TN**

DELETE  
TITLE: **S**  
NAME: **MAGRATH, E.K., JR.**  
STREET ADDRESS: **5954 BRAINERED ROAD**  
CITY-STATE-ZIP: **CHATTANOOGA TN**

DELETE  
TITLE: **V**  
NAME: **O'DELL, ELIZABETH M**  
STREET ADDRESS: **708 S. OCEAN DRIVE**  
CITY-STATE-ZIP: **FT. PIERCE FL**

DELETE  
TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-STATE-ZIP: \_\_\_\_\_

DELETE  
TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-STATE-ZIP: \_\_\_\_\_

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

Change  Addition

11 TITLE: \_\_\_\_\_  
12 NAME: \_\_\_\_\_  
13 STREET ADDRESS: \_\_\_\_\_  
14 CITY-STATE-ZIP: \_\_\_\_\_

Change  Addition

21 TITLE: \_\_\_\_\_  
22 NAME: \_\_\_\_\_  
23 STREET ADDRESS: \_\_\_\_\_  
24 CITY-STATE-ZIP: \_\_\_\_\_

Change  Addition

31 TITLE: \_\_\_\_\_  
32 NAME: \_\_\_\_\_  
33 STREET ADDRESS: \_\_\_\_\_  
34 CITY-STATE-ZIP: \_\_\_\_\_

Change  Addition

41 TITLE: \_\_\_\_\_  
42 NAME: \_\_\_\_\_  
43 STREET ADDRESS: \_\_\_\_\_  
44 CITY-STATE-ZIP: \_\_\_\_\_

Change  Addition

51 TITLE: \_\_\_\_\_  
52 NAME: \_\_\_\_\_  
53 STREET ADDRESS: \_\_\_\_\_  
54 CITY-STATE-ZIP: \_\_\_\_\_

Change  Addition

61 TITLE: \_\_\_\_\_  
62 NAME: \_\_\_\_\_  
63 STREET ADDRESS: \_\_\_\_\_  
64 CITY-STATE-ZIP: \_\_\_\_\_

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

423/892-7264  
E-File  
E-File Fee \$

CR2E034 (12/95)