

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 # 832638

1. Corporation Name  
AMERICAN GOLF OF FLORIDA, INC.

Principal Place of Business Mailing Address  
6303 N KINGS HWY. 6303 N KINGS HWY.

MYRTLE BEACH SC MYRTLE BEACH SC  
29577 USA 29577 USA

2. Principal Place of Business 2a. Mailing Address  
21 26 6100 SOUTHWEST BLVD

Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27 SUITE 504

City & State City & State  
23 28 FORT WORTH, TX

Zip Country Zip Country  
24 25 29 76109 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
07/03/74 05/01/95

4. FEI Number Applied For  
59-1844987 Not Applicable

5. Certificate of Status Desired \$8.75 Additional  
Fee Required

6. Election Campaign Financing \$5.00 May Be  
Trust Fund Contribution 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

HAWKINS, MILLER C  
1201 E OAKLAND PARK BLVD  
FT LAUDERDALE, FL 33334

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 607.1506, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME HAWKINS, MILLER C  
STREET ADDRESS 6100 SOUTHWEST BLVD STE 504  
CITY-ST-ZIP FORT WORTH, TX 76109

TITLE VP ☐ DELETE  
NAME CAMPBELL, TOMMY  
STREET ADDRESS 6303 N KINGS HWY  
CITY-ST-ZIP MYRTLE BEACH, SC 29577

TITLE ST ☐ DELETE  
NAME HAWKINS, DOROTHY C  
STREET ADDRESS 6100 SOUTHWEST BLVD STE 504  
CITY-ST-ZIP FORT WORTH, TX 76109

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 if changed, or in an attachment with an address.

SIGNATURE: *M. Campbell Hawkins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

(817) 377-1904

Daytime Phone #