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

FILED
May 17 1996 8:00 am
Secretary of State

DOCUMENT # **F45186** **(6)**

1. Corporation Name
FUTURES GOLF TOUR, INC.

Principal Place of Business	Mailing Address
2003 US 27 SOUTH SEBRING FL 33870	2003 US 27 SOUTH SEBRING FL 33870

3. Date Incorporated or Qualified: 09/18/1981
3a. Date of Last Report: 02/14/1995

2. Principal Place of Business
21: 909 WEST MAIN STREET
22: Suite, Apt. #, etc.
23: City & State: AVON PARK FL
24: Zip: 33825
25: Country:

2a. Mailing Address
26: 909 WEST MAIN STREET
27: Suite, Apt. #, etc.
28: City & State: AVON PARK FL
29: Zip: 33825
30: Country: USA

4. FEI Number: 59-2152013 ☐ 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

HULTGREN, JANICE
2003 US 27 SOUTH
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 909 WEST MAIN STREET
83:
84 City: AVON PARK FL 85 Zip Code: 33825

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 of officer. (NOTE: Registered Agent's signature required when reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	TRAINOR, HELEN L.		1.2 NAME		
STREET ADDRESS	2003 US 27 SOUTH		1.3 STREET ADDRESS	909 W MAIN ST	
CITY-ST-ZIP	SEBRING FL		1.4 CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	P	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	WAINWRIGHT, VICTORIA M.		2.2 NAME		
STREET ADDRESS	2003 US 27 SOUTH		2.3 STREET ADDRESS	909 W MAIN ST	
CITY-ST-ZIP	SEBRING FL		2.4 CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	VT	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	HULTGREN, JANICE G.		3.2 NAME		
STREET ADDRESS	2003 US 27 SOUTH		3.3 STREET ADDRESS	909 W MAIN ST	
CITY-ST-ZIP	SEBRING FL		3.4 CITY-ST-ZIP	AVON PARK FL 33825	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Janice Hultgren JANICE HULTGREN 5-14-96 (941) 453-4455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #